



City of Pleasant Hill

GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and California Government Code § 11135. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of a qualified disability in the provision of programs, services, activities, or benefits by the City of Pleasant Hill. The City's Personnel Rules and Regulations governs complaints of employment discrimination.

Filing an ADA Grievance: The grievance should be submitted on the City of Pleasant Hill's Grievance Form (or in a letter) and, at a minimum, include the name, address, and phone number of the complainant and location, date, and description of the problem. Alternative means of filing complaints will be made available for individuals with disabilities upon request. Grievances, related questions, and requests for an alternate means to file a complaint should be addressed to the ADA Coordinator:

Ananthan Kanagasundaram
100 Gregory Lane
Pleasant Hill, CA 94523
Phone: (925) 671-5261
California Relay: 711
Fax: (925) 676-1125
Email: ananthank@pleasanthillca.org

The grievance should be submitted to the ADA Coordinator as soon as possible, but no later than 60 calendar days after the alleged violation.

Meeting with the ADA Coordinator: Within 15 calendar days of receiving the written complaint, the ADA Coordinator will meet with the complainant to discuss the grievance. Within 15 calendar days after the meeting, the ADA Coordinator will respond in writing or in a format accessible to the complainant. The response will explain the position of the City of Pleasant Hill and offer options for resolution of the grievance.

Appeal of the Decision: If the response by the ADA Coordinator does not resolve the issue to the satisfaction of the complainant, the complainant may appeal the decision of the ADA Coordinator within 15 calendar days after receipt of the response to the City Manager. Within 15 calendar days after receipt of the appeal, the City Manager or an appointed representative will meet with the complainant. Within 15 calendar days after the meeting,

the City Manager or appointed representative will respond in writing or in a format accessible to the complainant with a decision and resolution, if appropriate.

All written grievances received by the ADA Coordinator, appeals to the City Manager, and all responses from the ADA Coordinator and the City Manager or appointed representative, will be kept by the City of Pleasant Hill for three years.



City of Pleasant Hill

Grievance under the Americans with Disabilities Act

Please fill out this form completely. This form is available in alternate formats by request.

Reporting Individual: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Person Allegedly Discriminated Against (if other than reporting individual):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Facility, Program, or Service Alleged to Be Inaccessible: _____

Address: _____, Pleasant Hill, CA 94523

Date alleged discrimination occurred: Month _____ Day _____ Year _____

Did you or the person allegedly discriminated against submit a Request for Accommodation to the Department or Program Manager or ADA Coordinator prior to the alleged discrimination? Yes No

If yes, please describe what accommodation was requested, when it was requested, and any accommodation provided:

Please describe the acts of alleged discrimination, or way in which the facility, program, or service is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated.

Please describe what action you would like to see occur as a result of filing this grievance.

Additional Comments or Concerns: _____

Signature: _____ **Date:** _____

Send to: Ananthan Kanagasundaram, City Engineer
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Email: ananthank@pleasanthillca.org