

City of Arcadia

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"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Arcadia. The City of Arcadia's Personnel Rules governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Shama Curian
Human Resources Administrator/ ADA Coordinator
240 West Huntington Drive
Post Office Box 60021
Arcadia, CA 91066-6021



Within 15 calendar days after receipt of the complaint, if requested, the Human Resources Administrator/ADA Coordinator or his designee will meet with the complainant to discuss the complaint and the possible resolution(s). Within 15 calendar days of receipt of the complaint, or if a meeting was requested, within 15 calendar days of the meeting date, the Human Resources Administrator/ADA Coordinator or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Arcadia and offer options for substantive resolution(s) of the complaint.

If the response by the Human Resources Administrator/ADA Coordinator or his designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager or his designee.

Within 15 calendar days after receipt of the appeal, if requested, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolution(s). Within 15 calendar days of receipt of the appeal, or if a meeting was requested, within 15 calendar days of the meeting date, the City Manager or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the Human Resources Administrator/ADA Coordinator or his designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Arcadia for at least three years.

**CITY OF ARCADIA
ADA GRIEVANCE PROCEDURE FORM**

Date: _____

COMPLAINANT:

Name: _____

Address: _____

Telephone: _____

NATURE OF THE COMPLAINT: _____

REMEDY REQUESTED: _____

WOULD YOU LIKE TO MEET TO DISCUSS THIS COMPLAINT? YES _____ NO _____

PLEASE FORWARD ALL GRIEVANCES TO:

Shama Curian, Human Resources Administrator/ADA Coordinator
City of Arcadia
Human Resources Division
240 W. Huntington Drive
P.O. Box 60021
Arcadia, CA 91066-6021
(626) 574-5405
(626) 445-4918 Fax