

City of La Cañada Flintridge
Complaint and Grievance Procedure

This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of La Cañada Flintridge. City of La Cañada Flintridge's Personnel Policy governs employment-related complaints of disability discrimination.

City of La Cañada Flintridge wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City of La Cañada Flintridge with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City of La Cañada Flintridge's Grievance Form.

It is preferred that the formal grievance 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. If additional accommodations are needed, please contact the ADA Coordinator. 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:

Arabo Parseghian, ADA/504 Coordinator
City Hall
1327 Foothill Boulevard
La Canada Flintridge, CA 91011
aparseghian@lcf.ca.gov
Phone: (818) 790-8882
California Relay Service 7-1-1 (for TTY users)

Within 30 calendar days after receipt of the complaint, ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting ADA Coordinator or his/her 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 La Cañada Flintridge and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the **City Manager** or his/her designee.

Within 30 calendar days after receipt of the appeal, the City Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the City Manager or his/her 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 ADA Coordinator or his/her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City of La Cañada Flintridge for at least three years.

City of La Cañada Flintridge

**Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: _____
Address: _____
City, State and Zip Code: _____
Telephone: Home: _____ Business: _____

2. Contact Person: (if other than the complainant): _____
Address: _____
City, State, and Zip Code: _____
Telephone: Home: _____ Business: _____

3. Describe the complaint:

4. Witnesses (if any):

Signature: _____ Date: _____

Return to:

Attn:

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REFERENCES

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107