



## The City of Duarte

### ADA / SECTION 504 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 Duarte. The City of Duarte's Personnel Rules and Regulations govern employment-related complaints of disability discrimination.

The City of Duarte 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 Duarte with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City of Duarte 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:

**Kristen Petersen**  
**ADA Coordinator / Assistant City Manager**  
**1600 Huntington Drive, Duarte, CA 91010**  
**petersenk@accessduarte.com**  
**(626) 357-7931**  
**California Relay Service: dial 711**

Within 30 calendar days after receipt of the complaint, the ADA Coordinator or designee will contact the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the initial contact the ADA Coordinator or 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 Duarte and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or 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 designee.

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



## The City of Duarte

### 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. Person Discriminated Against: (if other than the complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

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5. Have efforts been made to resolve this complaint?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what efforts have been taken and what is the status of the grievance?

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6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

7. Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. Additional comments or information:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Attn: Kristen Petersen  
ADA Coordinator / Assistant City Manager  
1600 Huntington Drive, Duarte, CA 91010  
Petersenk@accessduarte.com  
(626) 357-7931  
California Relay Service: dial 711

## REFERENCES

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