



Grievance Procedure City of West Sacramento

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA")/Section 504 of the Rehabilitation Act 1973 (Section 504). 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 West Sacramento.

The grievance should be in writing and contain information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. Written grievances should be signed by the grievant or their authorized representative. Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance, will be made available for persons with disabilities upon request.

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

ADA/504 Coordinator, Victoria Soares
Capital Projects Department
1110 West Capitol Avenue, First Floor
West Sacramento, CA 95691
ada@cityofwestsacramento.org
(916) 617-4980
TTY: California Relay at 7-1-1

Within 15 calendar days after receipt of the grievance, the ADA/504 Coordinator, or their designee, will contact the grievant to discuss the grievance and possible resolutions. Within 15 calendar days of the discussion, the ADA/504 Coordinator, or their designee, will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of the City of West Sacramento and offer options for substantive resolution of the grievance.

If the response from the ADA/504 Coordinator, or their designee, does not satisfactorily resolve the issue, the grievant and/or their designee may appeal the decision within 15 calendar days after receipt of the response.

Within 15 calendar days after receipt of the appeal, the City will contact the grievant to discuss the grievance and possible resolutions. Within 15 calendar days after the discussion, the City will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance.

All written grievances or will be retained by the City for at least three years.

**Grievance Form
City of West Sacramento**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on the last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA/504 Coordinator, Victoria Soares at (916) 617-4980.

1. Complainant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Name of Person Discriminated Against (if other than complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Department or Person you believe has discriminated (if known): _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

4. When and where did the discrimination occur? _____

5. Describe the acts of discrimination. Please provide the name (s) of the individuals who discriminated (if known):

6. Have efforts been made to resolve this complaint? Yes _____ No _____ If yes, what efforts have been taken and what is the status?

7. 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, please provide:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

8. Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

9. Additional comments or information:

Signature: _____ Date: _____

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