

## **AMERICANS WITH DISABILITIES ACT TITLE II GRIEVANCE POLICY AND PROCEDURE**

### **POLICY**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities.

Oversight of compliance activities is the responsibility of the Department on Disability's (DOD) Disability Access and Services Division (DASD). All inquiries concerning the City's efforts to make its programs and services accessible to persons with disabilities should be directed to Geoffrey Straniere, Interim ADA Compliance Officer, Department on Disability, Disability Access and Services Division, 201 North Figueroa Street, Suite 100, Los Angeles, CA 90012, (213) 202-2764 (Voice), (213) 202-3452 TTY, and (213) 202-2715 Fax.

### **PROCEDURE RELATED TO TITLE II**

When any person believes that the City of Los Angeles has violated Title II of the ADA by denying access to its programs, services, and activities based on a disability, a formal grievance may be filed with DOD.

#### **Step 1. - Complaint**

The grievance should be documented on an ADA Title II Grievance Form and should contain as much information as possible concerning the alleged violation. This form must be completed by the grievant or his/her authorized representative. The grievance should be submitted as soon as possible, but no later than sixty (60) calendar days after the alleged violation. Constituents who choose not to use the Form, but contact DOD and state that they would like to file a Title II Grievance, shall have their relevant information written down by DOD staff. Strict confidentiality of all information provided will be maintained to the extent permitted by law. Sharing of information, including identity, will be done only as needed to resolve the grievance.

Constituents who contact DOD and raise concerns that the City may be able to resolve through its Title II grievance process will, among other options for resolution, be notified of the grievance process and asked if they would like to file a grievance. If the answer is yes, then DOD staff shall either write down all relevant information, or direct constituents to the Grievance Form and procedures. Any information written down by DOD staff in response to a constituent's grievance shall be processed in the same manner as a completed Grievance Form.

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## Step 2. - Investigation

DASD will review the completed ADA Title II Grievance within fifteen (15) working days of receipt. If it appears that a complete investigation and determination cannot be completed within 15 working days of receipt of the complaint, a Notice of Continuing Investigation (NCI) (Attachment C) will be mailed to the grievant within fifteen (15) working days. Staff will then discuss the issues with the grievant and the concerned department(s). If appropriate, the ADA Compliance Officer or assigned ADA Coordinator may also arrange to meet with the grievant to discuss the matter and possible resolution. Next, if the investigation leads to a determination that a Title II violation did occur or may have occurred, it will offer a proposed resolution to the grievant. An investigation may find that no Title II violation occurred.

Auxiliary Aids or Services and other reasonable accommodations will be made available upon request. If at any time (in Step 1 or Step 2) DOD staff determine that the Complaint is not within DOD's jurisdiction, staff will inform complainant of that determination, and provide appropriate referrals as available for the effective resolution of the complaint.

## Step 3. - Notice of Outcome

Within ninety (90) days of the date on which the NCI is sent, or at the conclusion of the formal resolution process (whichever comes first), the DASO Coordinator will send the grievant and the concerned department(s) a notice of outcome along with a description of the appeals process, should the grievant wish to appeal, in a format accessible to the grievant.

## Step 4. - Appeal of Outcome

If the City's response does not satisfactorily resolve the matter, the grievant and/or authorized representative may appeal the notice of outcome of the ADA Compliance Officer within thirty days of receipt of the notice of outcome.

Within thirty days of receipt of the grievant's appeal, the ADA Grievance Appeals Committee (ADAGAC) will convene a meeting to discuss the matter and its response to the appeal. In addition to the DOD's Executive Director, the Committee will consist of a member of the City Commission on Disability and a representative from another City department. Within thirty (30) calendar days after this meeting, the Chairperson of the Committee will respond in writing and, where appropriate, in a format accessible to the grievant. If the grievant is dissatisfied with the response of the ADA Grievance Appeals Committee, he/she may contact either the U.S. Department of Justice (DOJ), or seek private counsel.

## **RETALIATION**

Individuals who exercise their rights under the ADA, or assist others in exercising their rights, are protected from retaliation. Any form of retaliation or coercion, including threats, intimidation, or interference is prohibited if it interferes with the exercise of rights under the ADA.

## **FILE MAINTENANCE**

The DOD will maintain all written grievances received by DOD-DASO, appeals to the ADA Grievance Appeals Committee, and responses from DOD-DASO, and the ADA Grievance Appeals Committee for a period of three (3) years.

## **POSTING**

This Grievance Procedure will be posted in prominent locations in major City facilities. Upon request, it will be made available in alternative formats by contacting the Department on Disability, Disability Access and Services Division, 201 N. Figueroa Street, Suite 100, Los Angeles, CA 90012. Tel.: (213) 202-2764 (Voice) or (213) 202-3452 TTY.

## AMERICANS WITH DISABILITIES ACT TITLE II - GRIEVANCE FORM

Instructions: Please fill out as much of this form as you can in black ink or type. If you need assistance, tell us and we would be happy to provide assistance with filling out this form. Sign and return (mail, fax, or e-mail) the form to the address as listed at the end of page 6.

Name:

Address:

City:

State:

Zip Code:

Telephone: Home:

Business:

Mobile:

E-Mail:

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act:

Address:

City:

State:

Zip Code:

Telephone: Home:

Business:

Mobile:

## COMPLAINT

Access issues generally fall into one of three categories, please indicate which category best describes your issue.

☐ Physical/Architectural Access - Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage. etc.

☐ Programmatic Access - Is the issue related to being able to participate in a program, service, or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

☐ Communication Access - Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART), or materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services, or activities.

City Department. Bureau or Service:

Address:

City:

State:

Zip Code:

Telephone:

When did the alleged violation occur? Date:

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II. (Use additional space on next page if necessary.)

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes: ☐ No: ☐ If yes, please complete:

Agency or Court:

Address:

City:

State:

Zip Code:

Date Filed:

Additional space for description of alleged act of violation.

Strict confidentiality of all complaint information will be maintained. Sharing of information will be done only as needed to resolve the complaint.

Signature:

Date:

Mail, fax, or e-mail the completed form to the following address:

ADA Compliance Officer  
Department on Disability  
Disability Access and Services Division  
201 North Figueroa Street, Suite 100  
Los Angeles, CA 90012  
Fax. (213) 202-2715

[DOD-ADA@lacity.org](mailto:DOD-ADA@lacity.org)

**Attachment C**

**TITLE II, AMERICANS WITH DISABILITIES ACT NOTICE OF CONTINUING  
INVESTIGATION (NCI)**

Date:

Grievant's Name:

Address:

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Dear \_\_\_\_\_ :

After an initial investigation of your ADA grievance, filed on \_\_\_\_\_, it has been determined that further investigation of the allegation(s) is necessary. Within ninety (90) days, you will be notified of the findings of this investigation. If you have any questions, you may contact our office:

Department on Disability  
Disability Access and Services Division  
201 North Figueroa Street, Suite 100  
Los Angeles, CA 90012  
Tel.: (213) 202-2764 (VOICE), (213) 202-3452 (TTY), or (213) 202-2715 (FAX)

Sincerely,

ADA Compliance Officer

Department on Disability