



FILING AN ADA GRIEVANCE

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act (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 and programs by the City of Pleasant Hill.

Step 1. The Written Complaint

The complaint should be in writing and contain information about the alleged discrimination such as name, address and phone number of the complainant and location, date and description of the problem. Alternative means of filing complaints will be made available for persons with disabilities upon request. Contact the ADA Compliance Officer to request this information in an alternate format.

The complaint should be submitted to the ADA Compliance Officer as soon as possible but no later than 60 calendar days after the alleged violation.

Step 2. Meeting with the ADA Compliance Officer

Within 15 calendar days of the written complaint, the ADA Compliance Officer will meet with the complainant to discuss the complaint and possible solutions. Within 15 calendar days after the meeting, the ADA Compliance Officer will respond in writing or in a format accessible to the complainant. The response will explain the position of the City of Pleasant Hill and offer options for resolution of the complaint.

Step 3. – Appeal to the City Manager

If the response by the ADA Compliance Officer does not satisfactorily resolve the issue, the complainant may appeal the decision of the ADA Compliance Officer within 15 calendar days after receipt of the response to the City Manager or an appointed representative. Within 15 calendar days after receipt of the appeal, the City Manager or an appointed representative will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or appointed representative will respond in writing or in a format accessible to the complainant after a final resolution of the complaint.



Grievance Form

Instructions: Please fill out this Grievance form completely. Sign it and send it to the address at the bottom of the last page. This form is available in alternate formats by request.

Reporting Individual: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone – Home: _____ Phone – Business: _____

Person Allegedly Discriminated Against (if other than reporting individual):

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone – Home: _____ Phone – Business: _____

Program Alleged to Be Inaccessible: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone Number: _____

When did the alleged discrimination occur? (Approximate Date):

Month: _____ Day: _____ Year: _____

Describe the acts of alleged discrimination, or way in which the program is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated (use the space on next page if necessary).

Have efforts been made to resolve this complaint through the Request for Accommodation with Department ADA Coordinator? Yes: _____ No: _____

Additional Space for Information: _____

Signature: _____

Date: _____

Send to:

Martin Nelis, ADA Coordinator
100 Gregory Lane
Pleasant Hill, CA 94523
Phone (925) 671-5229, Fax (925) 680-0294
Email: mnelis@ci.pleasant-hill.ca.us