



Complaint and Grievance Procedure under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act

The 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 West Covina. The City of West Covina Personnel Policy governs employment-related complaints of disability discrimination.

The City of West Covina wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A citizen can call with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the grievance and complaint form by contacting the ADA Coordinator, or the designated alternative person.

If the citizen wants to file a formal grievance, grievance procedures and forms are provided. It is preferred that the grievance be in writing and contain information about the alleged discrimination such as name, address and contact information of the grievant. A description of the problem that includes location and date is requested.

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:

Helen Tran
Director of Human Resources/Risk Management
ADA/504 Coordinator
City of West Covina
1444 West Garvey Avenue
West Covina, CA 91790
HTran@westcovina.org
Phone:626-939-8450
California Relay Service: dial 711

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

If the response by ADA/504 Coordinator or the City's designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to City Manager or his/her designee.

Within 15 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 15 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/504 Coordinator or the City's designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City for at least three years.

A copy of the City's ADA/504 Self-evaluation and Transition Plan may be requested from the ADA/504 Coordinator.