



NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT AND SECTION 504 GRIEVANCE PROCEDURE

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the **City of Fairfield** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

ADA COMPLIANCE

Employment: The **City of Fairfield** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA and Section 504.

Effective Communication: The **City of Fairfield** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the **City of Fairfield's** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The **City of Fairfield** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the **City of Fairfield** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the **City of Fairfield**, should contact the office of **Human Resources at (707) 428-7679** as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the **City of Fairfield** to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of **City of Fairfield** is not accessible to persons with disabilities should be directed to appropriate ADA Coordinator.

The ADA Coordinators for the **City of Fairfield** are as follows:

CITY OF FAIRFIELD ADA COORDINATORS	
City of Fairfield Employees and Volunteers	Human Resource Director or his/her designee 1000 Webster Street, 4 th Floor Fairfield, CA 94533 (707) 428-7394 (707) 399-5623 TTD
Public. The ADA Coordinator for the public services provisions of the ADA (Title II), covering program accessibility, communications, architectural barrier and transportation issues.	Director of Public Works or his/her designee 1000 Webster Street, 3 rd Floor Fairfield, CA 94533 (707) 428-7485 (707) 399-5623 TTD
Housing	Housing Manager or his/her designee 823-B Jefferson Street Fairfield, CA 94533 (707) 428-7392 (707) 399-5623 TTD
Public Grievance Procedure. The ADA Coordinator shall be responsible for investigating any grievance or communication to the City alleging non-compliance with the ADA.	Finance Director or his/her designee 1000 Webster Street, 1 st Floor Fairfield, CA 94533 (707) 428-7394 (707) 399-5623 TTD

The City of Fairfield will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

City of Fairfield

Grievance Procedure under the Americans with Disabilities Act and Section 504

The City of Fairfield has adopted a Complaint and Grievance Procedure to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, for prompt and equitable resolution. 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 Fairfield**. Section 504 states, in part, that no qualified individual with a disability shall, by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development. Issues that are grievable include, but are not limited to, a denial of a Reasonable Accommodation and/or Reasonable Modification, the inadequacy of an accommodation/modification, the inaccessibility of a program or activity due to disability, or discrimination or harassment based on disability. To file a Grievance and/or Complaint based on ADA and/or Section 504, please see process below.

ADA COMPLAINTS

The complaint should 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.

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.

Within 15 calendar days of the City's receipt of the grievance, you will receive a confirmation that it has been received and is being investigated. If you do not receive a confirmation within 15 business days, please contact the ADA Coordinator. Absent extenuating circumstances, all grievances will be investigated, and a response issued, within 90 days of receipt of grievance. If a delay is expected, the ADA Coordinator will notify you in writing of the reason(s) for the delay, and the date by which you will receive a response.

If you are not satisfied with the results of the investigation, you may submit a verbal or written appeal within 20 days of your receipt of the findings. Your appeal should detail the reasons you believe the findings to be in error. You will receive a response within 20 days of the day you submit your appeal.

Your appeal should be directed to the City Manager or his/her designee. A written response to the appeal will be issued within 30 days.

All written complaints and responses will be retained by the **City of Fairfield** for at least three years.

SECTION 504 GRIEVANCE PROCEDURES

All such grievances should be addressed to the attention of the Section 504 Coordinator: City of Fairfield Quality of Life Division, 1000 Webster Street, Fairfield, CA 94533, (707) 428-7749 or TDD (707) 399-5623.

PROCEDURES FOR FILING A GRIEVANCE

A grievance shall be made in writing to the Section 504 Coordinator or his/her designee unless the individual's disability prevents him or her from filing a written grievance, in which case alternative means of filing a grievance shall be allowed as a Reasonable Accommodation (e.g., sign language interpreter, personal interview, tape recording, email, etc.). The grievance form may be obtained at the office of the Section 504 Coordinator or his/her designee which is located at:

Fairfield ADA Coordinator/Section 504 City of Fairfield CDBG Program 1000 Webster Street, Quality of Life Division, 4th Floor Fairfield, CA 94533 (707) 428-7400 or TDD (707) 399-5623 City Website: <https://www.fairfield.ca.gov/civicax/filebank/blobdload.aspx?blobid=13473>

Grievance forms shall be submitted to the Section 504 Coordinator or his/her designee within 10 business days of the date the person filing the grievance became aware of the alleged discriminatory action.

PROCEDURES FOR GRIEVANCE RESOLUTION

Within 20 business days of receiving the grievance, the Section 504 Coordinator or his/her designee shall contact the claimant to discuss the grievance and possible resolutions. If the Section 504 Coordinator/designee and the claimant cannot agree upon a satisfactory resolution, the formal hearing process will begin.

A formal hearing shall be scheduled by a Hearing Officer. The location and time of the hearing shall be jointly agreed upon by all parties involved. A written notification of the date, time, place and procedures governing the hearing shall be sent to the claimant. Every effort shall be made to hold the hearing at a location fully accessible to persons with physical impairments.

If the claimant seeking relief under this process needs a Reasonable Accommodation to fully participate in the hearing, i.e. sign language interpreter, reader, etc., the Quality of Life Division/CDBG Program must be notified within 14 business days of the scheduled hearing date and such services shall be provided at no cost by the recipient.

All hearings shall be conducted by an impartial Hearing Officer. The designated Hearing Officer shall be a person other than the person who made or approved the Quality of Life/CDBG Program action under review, or a subordinate of such person. The claimant or his or her representative shall have the opportunity to examine before the start of the hearing all relevant materials. The claimant has the right to present any and all pertinent documentation or evidence and cross-examine any witnesses. The claimant shall have the right to secure aid in representation from attorneys, health professionals, or any other person beneficial to the presentation of the case.

The hearing shall be held privately unless the claimant requests a public hearing. The Hearing Officer's decision shall be based upon the merits of the evidence presented by the claimant and the Quality of Life Division/CDBG Program at the hearing.

Within 14 calendar days of the date of the hearing, the Hearing Officer shall mail a written notification of the decision to the claimant. If requested by the claimant as a Reasonable Accommodation, the decision shall be provided in an accessible format (e.g., large print, audio tape, Braille, etc.). The determination shall include the Hearing Officer's findings, conclusions and recommendations for any proposed resolution of the matter.

Other Remedies

The right of an individual with a disability to a prompt and equitable resolution of the grievance shall not be delayed by the individual's pursuit of other remedies such as the filing of a disability complaint with a responsible federal or state agency. Use of this grievance procedure is not a prerequisite to an individual's pursuit of other remedies. The individual with a disability shall be notified of his/her right to file with:

- FHEO Intake Specialist 1-800-669-9777 or online in English or Spanish by clicking [HERE: https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process](https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process)
- US Dept of Housing & Urban Development Office of Fair Housing & Equal Opportunity
One Sansome Street, Ste 1200
San Francisco, CA 94104
Phone: (800) 347-3739 or (415) 489-6524; TTY: (415) 489-6564
- CA Department of Fair Employment & Housing
2218 Kausen Drive, Ste 100
Elk Grove, CA 95758
Phone: (800) 884-1684; TTY: (800) 700-2320
- Fair Housing of Northern California, 415-457-5025

REASONABLE ACCOMMODATIONS

The Section 504 Coordinator will make appropriate arrangements to ensure that individuals with disabilities are provided Reasonable Accommodations if needed to participate in the grievance process. Such arrangements may include, but are not limited to, providing interpreters for the hearing impaired, providing taped cassettes of materials for the visually impaired, or assuring a barrier-free location for the mobility impaired.

Retention of Records

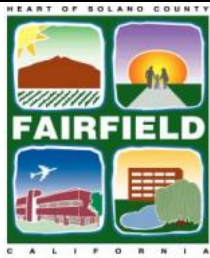
The Section 504 Coordinator shall maintain files and records of all grievances filed under this grievance procedure.

Confidentiality

To the extent possible, confidentiality will be maintained throughout the investigation of a complaint of unlawful discrimination.

File Grievance With:

**Office of City Clerk
City of Fairfield
1000 Webster Street, 4th Floor
Fairfield, CA 94533
(707) 428-7394**



ADA GRIEVANCE
and SECTION 504 FORM

Received Stamped City Clerk

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. For questions concerning this form or the information requested, please contact Chris Carmona, Risk Manager/ADA Coordinator for Grievances at the following:

(707) 399-5623 TTD or ccarmona@fairfield.ca.gov

1. Name and contact information of the Complainant:

Name of Complainant: _____ Date of Birth: _____
Address: _____ Home Phone: _____
Cell Phone: _____
Email: _____

2. Representative of Complainant:

Name: _____ Organization: _____
Address: _____ Telephone: _____
Relationship: _____
Email: _____

3. The date, place and other circumstances which gave rise to the complaint asserted.

Date of Occurrence: _____ Time of Occurrence: _____
Location: _____
Circumstances giving rise to the complaint:

5. If known, the name of the public employee(s) who have information regarding the complaint.

6. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the complaint:

8. If the complaint is for a physical location, please attach photographs or draw a diagram:

Signature:

Date:

Please Print Name:
