



NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

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

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.

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.

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) 428-7400** 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 the appropriate ADA Coordinator.

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

CITY OF FAIRFIELD ADA COORDINATORS

<p>City of Fairfield Employees and Volunteers</p>	<p>Human Resources Manager or his/her designee 1000 Webster Street, 4th Floor Fairfield, CA 94533 (707) 428-7394</p>
<p>Public Right Away</p>	<p>Director of Public Works or his/her designee 1000 Webster Street, 3rd Floor Fairfield, CA 94533 (707) 428-7476</p>
<p>Public Buildings</p>	<p>Director of Community Development or his/her designee 1000 Webster Street, 2nd Floor Fairfield, CA 94533 (707) 428-7466</p>
<p>Housing Authority</p>	<p>Housing Manager or his/her designee 823 B Jefferson Street Fairfield, CA 94533 (707) 428-7391</p>
<p>Fairfield Transportation</p>	<p>Transportation Manager or his/her designee 2000 Cadenasso Drive Fairfield, CA 94533 (707) 434 - 3800</p>

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

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("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, programs, or benefits by the **City of Fairfield**.

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 business 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 the 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 three years.

File Grievance With:

**Office of City Clerk
City of Fairfield
1000 Webster Street, 4th Floor
Fairfield, CA 94533
(707) 428-7400**



ADA GRIEVANCE
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 the Human Resources Department, ADA Coordinator at either of the following:

(707) 428-7400

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:

Date:
