



CITY OF MENIFEE

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 MENIFEE. The City of MENIFEE's Personnel Policy governs employment-related complaints of disability discrimination.

The City of MENIFEE 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, Allen Yun 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:

Sarah Manwaring
City Clerk / ADA coordinator
29714 Haun Road
Meniffee, CA 92586
smanwaring@cityofmeniffee.us
Phone:(951) 672-6777

Fax: (951) 679-3843

Within 15 calendar days after receipt of the complaint, the ADA coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting the ADA coordinator or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of MENIFEE and offer options for substantive resolution of the complaint.

If the response by the ADA coordinator or his/her 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 Engineer or his/her designee.

Within 15 calendar days after receipt of the appeal, City Engineer or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Engineer 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 the ADA coordinator or his/her designee, appeals to the City Engineer or his/her designee, and responses from these two offices will be retained by the City of MENIFEE for at least three years.

A copy of the City of MENIFEE's ADA/504 Self-evaluation and Transition Plan is available from the ADA Coordinator.



**Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form.

1. Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

5. Have efforts been made to resolve this complaint?

Yes _____ No _____

If yes: what efforts have been taken and what is the status of the grievance?

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

7. Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

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