



County of Santa Clara PARKS AND RECREATION DEPARTMENT

ADA GRIEVANCE PROCEDURE

The Santa Clara County Parks and Recreation Department is committed to ensuring that visitors with disabilities are able to take part in, and benefit from, the whole range of public programs, services, and activities offered by the Department.

Title II of the Americans with Disabilities Act (ADA) requires that public entities adopt and publish grievance procedures to assure the prompt and equitable resolution of complaints.

The purpose of this ADA grievance procedure is to resolve as promptly as possible any problems, complaints, or conflicts related to the Department's ADA compliance as it relates to public access to facilities, programs and services without the need for the complainant to resort to other remedies available under the law.

Employees with a disability-related grievance should consult the Department's Equal Opportunity advisor, and/or the County's separate grievance policy for employees with disabilities as the content of this policy is focused on *public access* to Department services.

CONTENTS

1. Who may file a grievance?
2. When should a grievance be filed?
3. What should the grievance include?
4. Where should I submit my grievance?
5. What if I need assistance filling out my grievance?
6. What happens after I file my grievance?
7. When will I receive a response?
8. Should I be concerned that a Department officer or employee might retaliate against me if I complain?
9. What can I do if I am not satisfied with the results of the Department's investigation?

Attachment 1: Grievance Form

1. WHO MAY FILE A GRIEVANCE?

Anyone may file a grievance on behalf of themselves or others when they believe any of the following has occurred:

- The Department is not in compliance with the physical access requirements of the Americans with Disabilities Act related to its public facilities, land, or rights-of-way; or,
- You or a specific class of individuals have been denied access to participate in a Department program, service, or activity on the basis of disability; or,
- You or a specific class of individuals have been otherwise subjected to discrimination on the basis of disability by the Department; or
- The Department has otherwise violated the ADA.

2. WHEN SHOULD A GRIEVANCE BE FILED?

Before filing a grievance, you may seek informal resolution by contacting the Department's ADA Coordinator. The Department encourages, but does not require, an attempt to resolve concerns informally prior to filing a formal grievance. If your informal concern is not resolved in a timely fashion, you have the right to file a formal grievance under this procedure.

You are encouraged to file your grievance within 30 days of the date you become aware of any alleged discrimination or access violation. If reasonable circumstances prevent you from filing your grievance within that time period, the Department may accept your grievance later than 30 days after the alleged incident(s).

Failure to report an alleged violation within 180 days may impact your ability to redress your grievance.

3. WHAT SHOULD THE GRIEVANCE INCLUDE?

You may file your grievance on the attached form ([Attachment 1](#)). If you choose not to use the form, your grievance may be filed either in writing or verbally and must include the following information:

- Your name, address and telephone number. If a representative is filing the grievance on your behalf, his or her name, address and telephone number must also be included.
- A description of the offending behavior(s) or action(s) or violation(s).
- The date(s), time(s) and location(s) of the incident(s).
- If the incident(s) involved a Department employee(s), his or her name(s) should be included, if you know it.

- The name(s) and contact information of witnesses, if any.
- If your grievance is being filed on behalf of another person or a group of people, all of the grievants should be described or identified by name, if possible.
- The remedy you desire.
- Your signature or the signature of your authorized representative.

The Department will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the Department will share information only on a need-to-know basis.

4. WHERE SHOULD I SUBMIT MY GRIEVANCE?

You may file your grievance with the Department's designated ADA Coordinator by mail, e-mail, or by hand delivery. The ADA Coordinator's contact information follows:

ADA Coordinator
Santa Clara County Parks Department
298 Garden Hill Drive
Los Gatos, CA 95032
Office: (408) 355-2200
ADACoordinator@prk.sccgov.org

5. WHAT IF I NEED ASSISTANCE FILLING OUT MY GRIEVANCE?

Assistance is available from the ADA Coordinator. You should contact his/her office and request the type of assistance you need. The ADA Grievance Procedure and Complaint Form are available in alternative formats upon request from the ADA Coordinator.

6. WHAT HAPPENS AFTER I FILE MY GRIEVANCE?

After receiving your grievance, the ADA Coordinator, or his/her designee, will investigate your complaint. The investigation may include interviews with you; persons if any, who allegedly discriminated against you; and any other person the investigator believes to have relevant knowledge concerning your grievance. The investigator will also consider any written evidence that is given to him/her.

After completing the investigation, the investigator will review the factual information gathered through the investigation to determine whether discrimination has occurred or the ADA has been otherwise violated. The investigator will consider all of the factual information, all the circumstances, and the context in which any alleged incident(s) occurred. The investigator will then prepare a written report which will include the results of the investigation; a determination as to whether discrimination occurred or access requirements have been violated; and any appropriate remedy which the Department will provide.

A copy of the report will be sent to you.

7. WHEN WILL I RECEIVE A RESPONSE?

Within 7 business days of the Department'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 7 days, please contact the ADA Coordinator.

Absent extenuating circumstances, all grievances will be investigated, and a response issued, within 30 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.

8. SHOULD I BE CONCERNED THAT A DEPARTMENT EMPLOYEE MIGHT RETALIATE AGAINST ME IF I COMPLAIN?

The Department will not retaliate against you for filing a grievance and will not knowingly permit retaliation by its employees. The Department will take reasonable steps to protect you from retaliation by others as a result of filing a grievance. Please let the ADA Coordinator know immediately if you feel you are being retaliated against for filing a grievance.

9. WHAT CAN I DO IF I AM NOT SATISFIED WITH THE RESULTS OF THE DEPARTMENT'S INVESTIGATION?

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 Director of the Department.

If you are not satisfied with the results of the appeal, you may file a complaint with the appropriate agency or department of the State or Federal government. Contact the U.S. Department of Justice, the U.S. Department of Education Office for Civil Rights, or the California Department of Justice Civil Rights Division for information about how to file a complaint with these agencies.

Using this grievance procedure is not a prerequisite to pursuing any of your other remedies. However, in the interest of a prompt resolution of alleged discrimination, the Department encourages you to use this procedure.



**Santa Clara County
PARKS AND RECREATION DEPARTMENT
ADA PUBLIC GRIEVANCE FORM
COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION
ON THE BASIS OF DISABILITY**



The Department will make reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. Please provide the following information and send it to: 298 Garden Hill Drive, Los Gatos Ca 95032 Attn: ADA Coordinator, or you can e-mail the information to ADACoordinator@prk.sccgov.org, or you can call (408) 355-2200 and ask to speak to the ADA Coordinator if you need assistance filling out this form.

Individual identifying access violation or discrimination	Name
	Address
	Telephone
Authorized representative of individual above (if any)	Name
	Address
	Telephone

1. Please describe the Department's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a Department employee(s) please provide his or her name(s), if known:

4. If the grievance involves physical access to a Department public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:

7. Is there anything else you would like us to know about this complaint?

8. What action do you want taken to correct the alleged access violation or discrimination?

Signature

Date