



City of Biggs ADA Grievance Procedure

Grievance Procedure under the Americans with Disabilities Act

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990, the City of Biggs will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. This ADA Grievance Procedure is established to meet the requirements of the ADA. It may be used by anyone who desires to file a complaint concerning access to City facilities, services, activities, programs, or benefits.

Complaints should be in writing and contain information about the alleged discrimination such as name, address, phone number of the complainant and location, date and description of the incident giving rise to the complaint. A complaint form is available on the City's website at www.biggs-ca.gov. Alternative means of filing a complaint, such as personal interviews or tape recording the complaint, are available, upon request, to accommodate persons with disabilities.

The City of Biggs will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy programs, services, and activities. 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:

**City of Biggs, City Hall
Attention: Trin Campos, City Engineer, ADA Coordinator**

**Mailing Address
P.O. Box 307
Biggs, CA 95917**

Receipt of a Complaint

Departments will inform the ADA Coordinator of any complaint upon receipt.

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or the designee may schedule a meeting with the complainant to discuss the complaint and possible resolutions. After an investigation and review, the ADA Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant.

The response will explain his/her position on the issue and offer options for substantive resolution of the complaint. If the response by the ADA Coordinator 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 the City Administrator or his/her designee.

After receiving the appeal, the City Administrator or designee will review the appeal and the ADA Coordinator's finding. Within a reasonable period, after a review, the City Administrator or the designee will respond in

writing, and, where appropriate, in a format that is accessible to the complainant, with a final resolution to the complaint.

Retaining Policy

All written complaints received by the City's ADA Coordinator or his/her designee, appeals to the City Administrator or his/her designee, and responses from these two offices will be retained by the ADA Coordinator for at least five years. Employment-related complaints are governed by the City Administrator. Employees and job applicants may file disability related complaints with the City Administrator at 530-868-0100 or with the ADA Coordinator using the contact information listed above.

Please Note:

- Employment-related complaints are governed by the City Administrator. Employees and job applicants may file disability related complaints with the City Administrator at 530-868-0100 or with the ADA Coordinator using the contact information listed above.
- This procedure applies on the property, programs, and services of the government of the City of Biggs. For information or assistance regarding private property, please contact the Planning and Code Enforcement Office.
- Submission of the ADA Grievance form does not constitute a claim for money or damages under California Government Codes Section 900 or any similar laws. If you want to submit a claim for money or damages against the City, you must submit a separate written claim to the City Clerk.



City of Biggs ADA Grievance Form

Instructions: Please fill out this form completely, using black or blue ink. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by requests.

Reporting Individual

Name:

Last

First

M.I.

Address:

Street

City, State

Zip Code

Phone Number:

Date/Time of Occurrence:

Person Filing Grievance

(If different from above):

Last

First

Complaint of Access Violation or Discrimination on the Basis of Disability

1. Please describe the City of Biggs's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Provide additional pages if necessary:
2. If the grievance involves a physical address to a City of Biggs public facility, land, right-of-way, please provide the specific address(es) of those locations, if known:
3. What action do you want taken to correct the alleged access violation of discrimination:

Additional Comments:

Signature

Date

Please mail this form to:

**City of Biggs; City Hall, Attention: Trin Campos, City Engineer, ADA Coordinator
P.O. Box 307, Biggs, CA 95917**

Office Use Only

Action Taken:

Received By:

Date Received