



City of Larkspur

400 Magnolia Avenue, Larkspur, California 94939
Telephone: (415) 927-5110 Fax: (415) 927-5022
Website: www.cityoflarkspur.org

APRIL 1, 2014

ACCESSIBILITY / DISABILITY GRIEVANCE PROCEDURE

1. **PURPOSE:**

The purpose of this policy is to adopt a public grievance procedure for resolution of complaints alleging any action, which discrimination on the basis of disability in any employment action by the City or in any service, program or activity made available by the City. The objectives of this policy are:

- a. To comply with the Americans with Disabilities Act (ADA) of 1990;
- b. To assure that complaints of discriminatory acts are promptly and properly acknowledged and resolved; and
- c. To establish uniform procedures for handling complaints throughout the entire City organization.

2. **POLICY:**

Any disabled person who believes that a City service, program or activity discriminates against him or her or any disabled employee or applicant for employment who believes that the City discriminates because of his or her disability may report the discriminatory act by using the procedures contained in this policy.

3. **PROCEDURES:**

To register a grievance under this policy, an individual shall obtain and complete an Accessibility/Disability grievance form. Once completed, the form may be mailed, faxed, emailed or hand delivered to:

City Manager and/or Director of Public Works
City of Larkspur
400 Magnolia Avenue
Larkspur, CA 94939
FAX: 415-927-5022

Upon receipt of a properly completed grievance form, the City Manager and /or Public Works Director will perform a preliminary investigation.

If the complaint can be resolved to the complainant's satisfaction during this state, the resolution will be noted in writing and filed with the grievance.

If the grievance remains unresolved, it will be submitted to the City Council for resolution. The City Council shall endeavor to make a recommendation on the grievance to the City Manager no later than 45 days after the complaint is received. The City Manager shall endeavor to make a final decision on the grievance no later than 15 days after receipt of the recommendation. Notice of this decision will be transmitted to the complainant within five (5) days after the City Council/City Manager resolution.

A written record of the action taken on each request or complaint shall be maintained in the City's administrative files and/or with the City's personnel records.

The complainant's right to a prompt and equitable resolution of the complaint will not be affected by the complainant's pursuit of other remedies, such as the filing of a complaint with the Department of Justice or other appropriate federal agency, or the filing of a suit in state or federal court.

The Accessibility/Disability Grievance Procedure form is available on the City's website at www.cityoflarkspur.org

Daniel R. Schwarz
City Manager

CITY OF LARKSPUR

400 Magnolia Avenue
Larkspur, CA 94939
415-927-5110
www.cityoflarkspur.org

GRIEVANCE FORM

For Complaints Relating to Accessibility/Discrimination
on the Basis of a Disability

Name of Grievant:

Mailing Address:

Work Phone: _____ Home Phone: _____

Date: _____ E Mail Address: _____

Nature of Grievance: (Please include the name of the person, facility or program responsible for the alleged discriminatory act; day and time of any incident; the specific City Department involved; the type of disability discriminated against and manner of discrimination; the names and phone numbers, if possible, of any witnesses.)

Please describe the accommodation you think appropriate to this discriminatory act.
