CITY OF LAKE FOREST
Title II of the Americans with Disabilities Act
Non-Discrimination Policy and Grievance Procedure

NON-DISCRIMINATION POLICY

The City of Lake Forest is committed to ensuring that people with disabilities are able to take part in and benefit from, the variety of public programs, services, and activities offered by the City. The City of Lake Forest continues to modify its facilities, programs, policies, or practices, as necessary to ensure such access is provided.

ADA GRIEVANCE PROCEDURE

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), and ADA Amendments Act of 2008, the City of Lake Forest (City) does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Title II of the Americans with Disabilities Act requires that public entities adopt and publish grievance procedures to assure the prompt and equitable resolution of grievances. The purpose of this ADA grievance procedure is to resolve as promptly as possible any problems, grievances, or conflicts related to the City's ADA compliance without the need for the grievant to resort to other remedies available under the law.

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1. Who may file a grievance?

You or your authorized representative may file an ADA grievance if you believe that:

- The City is not in compliance with the physical access requirements of the Americans with Disabilities Act related to its public facilities, land, or right-of-ways, or
- You or a specific class of individuals have been denied access to participate in City programs, services, or activities 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 City of Lake Forest, or
- The City has otherwise violated the ADA.

2. When should a grievance be filed?

Before filing a grievance, you may seek informal resolution by contacting the City's Designated ADA Coordinator, who is the Director of Management Services, Hannah Shin-Heydorn, (949-461-3544, hshinheydorn@lakeforestca.gov). If your informal concern is not resolved in a timely fashion, you may file a formal grievance under this procedure.

You are encouraged to file your grievance as soon as possible, but within 60 business days.

3. What should the grievance include?

The grievance should be in writing and contain information about the grievance, submission date, name, address, telephone or cell phone number of grievant, location, date and description of the problem. A grievance form is available at the City for your convenience, but is not required to be used.

Grievances should be submitted to the ADA Coordinator, Director of Management Services, Hannah Shin-Heydorn (949-461-3544, hshinheydorn@lakeforestca.gov), with a copy to the City Clerk.

4. What if I need assistance filling out my grievance?

An alternate means of filing grievances, such as personal interviews or audio recording of the grievance, will be made available for people with disabilities upon request.

5. What happens after I file my grievance?

After receiving your grievance, the ADA Coordinator will investigate within 20 business days. The investigation may include you and any other person(s) the investigator believes to have relevant knowledge concerning your grievance. The investigator will also consider any written evidence submitted.

After completing the investigation, the investigator will review the factual information gathered. The ADA Coordinator will then issue a written response.

6. When will I receive a response?

The ADA Coordinator will provide a response within 20 business days.

7. Should I be concerned that a city officer or employee might retaliate against me if I complain?

The City does not retaliate against you for filing a grievance and does not permit retaliation by its officers or employees. Please notify the ADA Coordinator of any retaliation.

8. What can I do if I am not satisfied with the initial investigation?

If you are not satisfied with the response you may submit an appeal within 15 business days of your receipt of the response to the City Manager, stating the reasons for the appeal. An alternate means of filing an appeal, such as personal interviews or audio recording of the appeal, will be made available for people with disabilities upon request.

Within 20 business days after receipt of the appeal, the City Manager, or his designee, will meet with the grievant to discuss a resolution. Within 20 business days after the meeting, the City Manager, or his designee, will respond with a final resolution.

You may file your appeal at the following address:
City of Lake Forest
City Manager
ATTN: City Clerk
25550 Commercentre Dr., Suite 100
Lake Forest, CA 92630

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 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 the grievance, the City encourages you to use this procedure in addition to any other available alternatives you may choose.

9. How long are grievances kept?

All grievances received by the ADA Coordinator and appeals to the City Manager will be kept by the City of Lake Forest for at least three (3) years.

CITY OF LAKE FOREST
TITLE II OF THE AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM

Instructions: Please fill out this form completely in black ink or type. Sign and return to ADA Coordinator, ATTN: Hannah Shin-Heydorn, Director of Management Services, 25550 Commercentre Drive, Suite 100, Lake Forest, CA 92630. This form is optional and provided for your convenience.

Today's Date:_____
Grievant Name:_____
Address:_____
Email Address:_____
Telephone:_____Work:_____Cell:_____

If a legally authorized representative is filing the grievance on your behalf, his/her name, address and telephone number must also be included:

Name:_____
Address:_____
Email Address:_____
Telephone:_____Work:_____Cell:_____

Date of Incident:_____Time of Incident:_____

Location or address of incident:_____
_____

Describe your grievance:_____
_____

If the incident(s) involved a City of Lake Forest employee(s), his/her name(s):_____
_____

The name(s) and contact information of witnesses:_____
_____

If your grievance is being filed on behalf of another person or a group of people, all of the grievant(s) should be described or identified by name, if possible.

_____
_____

State your requested remedy to your grievance:_____
_____

Grievant:_____Date:_____

Legally Authorized Representative:_____Date:_____