



City of Covina Grievance Procedure under the American with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Covina. The City of Covina's Employee Handbook addresses employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. 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.

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:

**Joanna Espinosa, ADA Coordinator and Risk Manager
125 East College Street
Covina, CA 91723-2199**

Within 15 calendar days after receipt of the complaint, if requested, Ms. Espinosa or her designee will meet with the complainant to discuss the complaint and the possible resolution(s). Within 15 calendar days of receipt of the complaint, or if a meeting was requested, within 15 calendar days of the meeting date, Ms. Espinosa or 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 Covina and offer options for substantive resolution(s) of the complaint.

If the response by Ms. Espinosa or 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 the City Manager or his designee.

Within 15 calendar days after receipt of the appeal, if requested, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolution(s). Within 15 calendar days of receipt of the appeal, or if a meeting was requested, within 15 calendar days of the meeting date, the City Manager or his 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 Ms. Espinosa or her designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Covina for at least three years.



**CITY OF COVINA
ADA GRIEVANCE PROCEDURE FORM**

Date: _____

COMPLAINANT:

Name: _____

Address: _____

Telephone: _____ Email: _____

NATURE OF THE COMPLAINT: _____

REMEDY REQUESTED: _____

WOULD YOU LIKE TO MEET TO DISCUSS THIS COMPLAINT? YES NO

PLEASE FORWARD ALL GRIEVANCES TO:

Human Resources and Risk Management Department
City of Covina
125 East College Street
Covina CA 91723-2199
626-384-5554
626-384-5555