

**City of Ripon**  
**ADA Grievance Policy & Procedure**

**ADA Grievance Policy**

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

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 City's ADA compliance without the need for the complainant to resort to other remedies available under the law.

Please note that the City of Ripon's ADA Liaison Officer accepts and investigates grievances related to property, programs, and services of the government of the City of Ripon.

**ADA Complaint and Grievance Procedure**

This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Ripon. The City of Ripon Personnel Policy governs employment-related complaints of disability discrimination.

The City of Ripon wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City of Ripon with a comment, concern, or complaint without filing a formal grievance. Before filing a grievance, you may seek informal resolution by contacting the Department Head (Attachment No. 1) of the affected department or the ADA Liaison Officer at the City of Ripon.

The City 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. A formal grievance can be filed by completing the City's Grievance Form (Attachment No. 2).

It is preferred that the formal grievance 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. If additional accommodations are needed, please contact the City of Ripon ADA Liaison Officer. 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:

Lisa Roos  
ADA Liaison Officer  
City of Ripon  
259 N. Wilma Avenue, Ripon, CA 95366  
209-599-2108 (Phone)  
209-599-2685 (Fax)  
[adagrievance@cityofripon.org](mailto:adagrievance@cityofripon.org)

The City 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 City will share information only on a need-to-know basis.

After receiving your complaint or grievance, the Department Head, ADA Liaison Officer, and/or his/her designee, will investigate. The investigation may include, but may not be limited to, interviews with: (a) you; (b) the person(s), if any who allegedly discriminated against you; and (c) 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 ADA Liaison Officer and/or his/her designee will respond in a format accessible to the complainant, such as large print or other means as appropriate. The response will explain the position of the City of Ripon and offer options for substantive resolution of the complaint.

If the response by the City does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Administrator or his designee. Within 30 calendar days after receiving the appeal, the City Administrator or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print or other means as appropriate, with a final resolution of the complaint.

All written complaints received by the City of Ripon, and the City's responses will be retained by the City of Ripon for at least three years.

**Attachment No. 1**

**Department Head List: ADA Grievance Response**

**Mailing Address: City of Ripon  
259 N. Wilma Avenue  
Ripon, CA 5366**

Administrative Services

Lisa Roos, City Clerk and Finance Director

City Administrator's Office

Kevin Werner, City Administrator / City Engineer

Public Works and Building Department

Ted Johnston, Director of Public Works

Planning and Economic Development

Ken Zuidervaat, Director

Parks and Recreation

Kye Stevens, Recreation Director



Attachment No. 2

### City of Ripon

### Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 GRIEVANCE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please PRINT: First Name and Last Name

Address: \_\_\_\_\_ Phone (Voice or TDD)  
Home ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Designated Person to contact if I cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Please PRINT

Date you experienced a problem: \_\_\_\_\_ Nature of your Disability: \_\_\_\_\_

Please explain your concern: (e.g.: Unable to get access to a program or property due to a physical barrier, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action would you like to see taken? \_\_\_\_\_

\_\_\_\_\_

If the problem involved a City of Ripon employee(s), please provide his/her name(s), if known:

\_\_\_\_\_

If the problem involves physical access to a City of Ripon public facility, land, or right-of-way, please provide the specific address(s) of those locations: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination: \_\_\_\_\_

\_\_\_\_\_

Is there any other information you want the City of Ripon to know concerning this problem?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature**

\_\_\_\_\_  
**Please PRINT Name**

**Signature of (check one):**

\_\_\_\_ **Observer of alleged access violation**

\_\_\_\_ **Victim of alleged discrimination**

\_\_\_\_ **Authorized representative**

**Form Received By:** \_\_\_\_\_ **on** \_\_\_\_\_

Print Name

Date

Grievance Form submitted: In Person, By Mail, By Telephone, By Fax, By Email