

## NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the **City of Cloverdale** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

**Employment:** The **City of Cloverdale** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

**Effective Communication:** The **City of Cloverdale** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the **City of Cloverdale's** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** The **City of Cloverdale** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the **City of Cloverdale** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the **City of Cloverdale**, should contact the **Human Resources Department at (707) 894-1712** as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the **City of Cloverdale** to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of **City of Cloverdale** is not accessible to persons with disabilities should be directed to appropriate ADA Coordinator.

The ADA Coordinators for the **City of Cloverdale** are as follows:

**CITY OF CLOVERDALE ADA COORDINATORS**

<p><b>City of Cloverdale Employees and Volunteers</b></p>	<p>Human Resources Department 124 N. Cloverdale Blvd. Cloverdale, CA 95425 (707) 894-1712</p>
<p><b>Public</b> The ADA Coordinator for the public services provisions of the ADA (Title II), covering program accessibility, communications, architectural barrier, and transportation issues:</p>	<p>ADA Coordinator Assistant City Manager (or his/her designee) 124 N. Cloverdale Blvd. Cloverdale, CA 95425 (707) 894-1723</p>
<p><b>Housing</b></p>	<p>ADA Coordinator Assistant City Manager (or his/her designee) 124 N. Cloverdale Blvd. Cloverdale, CA 95425 (707) 894-1723</p>
<p><b>Public Grievance Procedure.</b> The ADA Coordinator shall be responsible for investigating any grievance or communication to the City alleging non-compliance with the ADA.</p>	<p>ADA Coordinator Assistant City Manager (or his/her designee) 124 N. Cloverdale Blvd. Cloverdale, CA 95425 (707) 894-1723</p>

**The City of Cloverdale** will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.



## **City of Cloverdale Grievance Procedure under the Americans 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 Cloverdale**. The **City of Cloverdale City Council Policy** governs 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.

Within 15 calendar days after receipt of the complaint, the appropriate ADA Coordinator (or his/her designee) will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator (or his/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 Cloverdale** and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator (or his/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/her designee).

Within 15 calendar days after receipt of the appeal, the City Manager (or his/her designee) will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager (or his/her 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 and responses will be retained by the **City of Cloverdale** for at least three years.

<p>File Grievance With:</p> <p><b>City of Cloverdale</b>  <b>124 N. Cloverdale Blvd.</b>  <b>P.O. Box 217</b>  <b>Cloverdale, CA 95425</b></p>	 <p>CITY OF  <b>CLOVERDALE</b></p> <p>ADA GRIEVANCE FORM</p>	<p>Received Stamped City Clerk</p>
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If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. For questions concerning this form or the information requested, please contact Linda Moore at either of the following:

(707) 894-1712 or [lmoore@ci.cloverdale.ca.us](mailto:lmoore@ci.cloverdale.ca.us)

**1. Name and contact information of the Complainant:**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Representative of Complainant:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

**3. The date, place and other circumstances which gave rise to the complaint asserted.**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Circumstances giving rise to the complaint: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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5. If known, the name of the public employee(s) who have information regarding the complaint.

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6. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the complaint:

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8. If the complaint is for a physical location, please attach photographs or draw a diagram:

Signature:

Date:

Please Print Name:

Date:

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