



MAIN OFFICE

700 W. Main Street, Alhambra, CA 91801

Tel: 626-262-4510 TDD: 626-943-3898

www.lacda.org

ADA COMPLAINT FORM INSTRUCTIONS & GRIEVANCE PROCEDURES

LACDA GRIEVANCE PROCEDURE: This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits provided by the Los Angeles County Development Authority (LACDA).

Complaints should be presented in writing and contain information about the alleged discrimination. Information shall include the name, address, phone number of complainant, location of occurrence, 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 60 calendar days after the alleged violation to:

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

Attn: **JULIETTE LARIN, ADA COORDINATOR**

700 W. Main Street, Alhambra, CA 91801

Phone: (626) 586-1695 | TDD: (855) 892-6095 | Email: claims@lacda.org

The LACDA shall:

- **Within 15 calendar days** after receipt of the complaint, the ADA coordinator (or designee) shall communicate with and/or meet with the complainant to discuss the complaint and possible resolutions.
- **Within 30 calendar days or within a reasonable period** after the meeting/communication, the ADA coordinator (or designee) shall respond in writing, and, where appropriate, respond in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the LACDA and offer options for substantive resolution of the complaint.

Appeal Process: If the response by the ADA coordinator (or designee) does not satisfactorily resolve the issue, the complainant may appeal the decision of the ADA coordinator within 15 calendar days to the LACDA's Human Resources Director.

Within 30 calendar days or within a reasonable period after receipt of the appeal, the Human Resources Director shall communicate with and/or meet with the complainant to discuss the complaint and possible resolutions. **Within 30 calendar days after the meeting**, the Human Resources Director (or designee) shall respond in writing, and, where appropriate, respond in a format accessible to the complainant, with a final resolution of the complaint.

Other Remedies: The right of a person to a prompt and equitable resolution of the complaint filed will not be impaired by the person's pursuit of other remedies, such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not required prior to the pursuit of other remedies. These rules are intended to protect the rights of interested persons, meet the appropriate due process standards and ensure the LACDA complies with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Records Retention: All written complaints and communications related to ADA shall be maintained by the LACDA for a minimum of three years beginning from the date a matter is deemed closed.

THIS MATERIAL IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST



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COMPLAINT FORM - AMERICANS WITH DISABILITIES ACT

This form is for submitting complaints alleging that the Los Angeles County Development Authority (LACDA) have not complied with the Americans with Disabilities Act (ADA) of 1990. All complaints will be investigated.

Date of Incident: _____

Location of Occurrence (Complete Address): _____

Complainant's Name: _____ Authorized Representative: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

Alleged Violation(s): Please describe the alleged denial or exclusion of services, activities, programs, or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data if available.

Requested Action: What resolution do you recommend the LACDA take to correct the alleged discrimination?

Are the circumstances of your complaint continuing? Yes No

Have you filed a claim regarding this complaint with a federal, state, or local government agency? Yes No

Have you hired an attorney with respect to the allegations in the complaint? Yes No

Have you instituted a legal suit or court action regarding this complaint? Yes No

SIGNATURE REQUIRED: *I certify under penalty of perjury, under the laws of the State of California that the information entered by me on this document is true and correct.*

Complainant's Printed Name	Complainant's Signature	Date
Authorized Representative Printed Name	Supervisor/Manager Signature	Date

LACDA Use Only: This form was completed on behalf of the complainant by the following LACDA ADA Representative/Coordinator:

Print Name: _____ Signature: _____ Date: _____

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