



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 Riverside. The City's Human Resources Department administers Policy that 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. A Grievance form is available for your convenience. 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:

ADA Coordinator Shari Call

3900 Main Street, 2nd Floor

Riverside, CA 92522

(951) 351-6162 / TTY: 7-1-1

E-mail: SCall@RiversideCA.gov

Within 15 calendar days after receipt of the complaint, the ADA Coordinator Shari Call or 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 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 Riverside and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator 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, the City Manager or his 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 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 the ADA Coordinator or her designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by the City for at least two years.





Complaint Form

Title II of the American with Disabilities Act Section 504
of the Rehabilitation Act of 1973

Please fill out this form completely, in black ink or type. Sign and return to the address below:

Name of person making this complaint: _____

Address: _____

City _____ State _____ Zip _____ Telephone Number: _____

E-mail address: _____

If complainant is not the individual completing this form, please enter your:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Describe the reason for your complaint:

Signature: _____ Date: _____

ADA Coordinator Shari Call
City of Riverside
3900 Main Street, 2nd Floor
Riverside, CA 92522
Ph: (951) 351-6162 / Fax: (951) 826-5427
TTY: 7-1-1 / Email: SCall@RiversideCA.gov

For more information or assistance in completing the form, please contact the ADA Coordinator.