



City of Rosemead 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 Rosemead. The City of Rosemead's Personnel Policy governs employment-related complaints of disability discrimination.

The City of Rosemead 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 Rosemead with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City of Rosemead's Grievance Form.

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 ADA Coordinator. 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:

Ben Kim
ADA Coordinator/Assistant City Manager
8838 E. Valley Boulevard
Rosemead, CA 91770
bkim@cityofrosemead.org
(626) 569-2100 Ext: 169
California Relay Service: dial 711

Within 30 calendar days after receipt of the complaint, ADA Coordinator/Assistant City Manager or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting ADA Coordinator/Assistant City Manager 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 Rosemead and offer options for substantive resolution of the complaint.

If the response by meeting ADA Coordinator/Assistant City Manager or his/her designee 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 Manager or his/her designee.

Within 30 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 30 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 received by meeting ADA Coordinator/Assistant City Manager or his/her, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City of Rosemead for at least three years.

**City of Rosemead Americans with
Disabilities Act and Section 504 of the
Rehabilitation Act of 1973 Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

5. Have efforts been made to resolve this complaint? Yes _____ No _____

If yes: what efforts have been taken and what is the status of the grievance?

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes ___ No ___ If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

7. Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

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REFERENCES

[Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107](#)