

CITY OF OAKLAND



1 FRANK H. OGAWA PLAZA OAKLAND, CALIFORNIA 94612-2033

Oakland Public Works Department
ADA Programs Division

(510) 238-5219
FAX (510) 238-3304
TDD (510) 238-2007

City of Oakland

Grievance Procedure for Complaints Arising Under Title II of the Americans with Disabilities Act (ADA) (Excluding Employment)

This Grievance Procedure is established to meet the requirements of Title II 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 Oakland ("the City"). Complaints of disability discrimination involving other public entities or private businesses will not be accepted by the ADA Programs Division. **Please note:** *do not use this form to file a complaint alleging employment disability discrimination against City employees or job applicants. Instead, please contact the Equal Opportunity Programs Division at 510-238-6468 or by email at: amccullough@oaklandnet.com.*

Filing a grievance: Please complete this form as fully as possible. The complaint should be submitted by the grievant and/or a designee as soon as possible but no later than 60 calendar days after the alleged violation. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint may be made available for persons with disabilities upon request.

City response to grievance: Within 10 business days after receipt of the complaint, the ADA Programs Manager, or a designee, will interview the complainant to discuss the complaint and possible resolutions. Within 20 business days of the interview, unless the period is extended by agreement, the ADA Programs Manager, or 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 and, where appropriate, offer options for substantive resolution of the complaint.

Appeal: If the response by the ADA Programs Manager, or designee, does not satisfactorily resolve the issue, the complainant and/or a designee may appeal the decision within 10 business days after receipt of the response to the Public Works Director in the case of physical access complaints (curb ramps, sidewalk repairs, disabled parking zones) or to the City Administrator in cases pertaining to other types of ADA violations.

City response to appeal: Within 10 business days after receipt of the appeal, the Public Works Director or City Administrator, or a designee, will interview the complainant to discuss the complaint and possible resolutions. Within 20 business days after the interview, the complainant will receive a response in writing, and, where appropriate, in a format accessible to the complainant, with a final disposition of the complaint.

All written complaints received by the ADA Programs Manager or designee, appeals to the Public Works Director, City Administrator, or designee, and responses from these offices will be retained by the City of Oakland for at least three years.

The City will not retaliate against you for filing a grievance. Any form of retaliation related to the filing of this complaint is prohibited and should be reported immediately to the ADA Programs Manager.

Please be advised that some of the information you supply on this complaint form may be subject to public disclosure under the California Public Records Act. However, the City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint, investigation, and corrective action process, to the extent consistent with the law. Additionally, in the event that the City decides that your complaint requires further investigation, witnesses may be interviewed, and the accused party/parties will be given an opportunity to respond to your allegations.

Please submit your completed grievance form to:

**ADA Programs Manager
Oakland Public Works/ADA Programs Division
One Frank Ogawa Plaza, 11th Floor
Oakland, CA 94612
Voice: 510-238-5219
TTY: 510-238-2007
Email: adaprograms@oaklandnet.com**

PLEASE NOTE: If you have made a request for a curb ramp, sidewalk repair, or disabled parking zone and are not satisfied with the results, please use this grievance process. If you have not yet made a request, you must do so first. [Make a request for a Sidewalk Repair, Curb Ramp, or Disabled Parking Zone.](#)

City of Oakland
Grievance Form

Complaint of Access Violation or Discrimination
on the Basis of Disability

*City employees and job applicants wishing to file a complaint of disability discrimination should contact the Equal Opportunity Programs Division at 510-238-3500 (voice); 510-238-4749 (fax). Do **not** use this form. The City's Personnel Policy governs employment-related complaints of disability discrimination.*

Please fill out the information below as fully as possible. Feel free to use the back of these pages or additional pages if necessary.

What is the nature of your complaint?

Sidewalk Repair Denial Curb Ramp Denial Disabled Parking Zone Denial
 Other ADA issue: (Briefly describe) _____

Your information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers: _____ (home/work/cell/v/tty)
_____ (home/work/cell/v/tty)

Email: _____

Check all preferred methods of communication:

Voice telephone TTY CRS Email U.S. Mail
 Other: _____

What is your relationship to the complainant? Self Family member/guardian
 Advocate Other: _____

Are you filing this grievance on behalf of someone else? If so, please enter their information here:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers: _____ (home/work/cell/v/tty)
_____ (home/work/cell/v/tty)

Email: _____

Check all preferred methods of communication:

Voice telephone TTY CRS Email U.S. Mail
 Other: _____

Who Your Complaint Is Against

_____ City Employee and/or _____ City Department

Name: _____

Job title: _____

City Department: _____

Address: _____

Telephone number: _____

Complaint Information

Date of incident: _____

Time of incident: _____

Location of incident: _____

Description of complaint (Please describe fully the nature of your complaint.)

Witness Information (If other people witnessed the incident, please list their names and contact information here.)

Name: _____
Job title and department (if City employee): _____
Address: _____
Telephone number/email/other contact information: _____

Name: _____
Job title and department (if City employee): _____
Address: _____
Telephone number/email/other contact information: _____

Evidence and Documentation

Please list and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What action would you like taken to correct the alleged access violation or discrimination?

Signature: _____ **Date:** _____