CITY OF MONTEREY

Grievance Procedure Under

*The Americans with Disabilities Act of 1990*

The following grievance procedure has been established by the City of Monterey to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). This Procedure may be used by anyone who wishes to file a grievance with the City of Monterey alleging discrimination on the basis of a disability in the provision of its programs, services, or activities.

A written grievance should be filed on the ADA Grievance Form attached hereto. If the grievance is not filed on the Grievance Form, it should nonetheless be in writing and contain information about the alleged discrimination such as name, address, phone number of the grievant and location, date, and description of the problem. Alternative means of filing grievances, such as a tape recording or personal interviews will be made available upon request. The grievance should be submitted and signed by the grievant or their designee as soon as possible, but no later than 60 calendar days after the alleged violation to the City of Monterey ADA Coordinator listed below.

Within 15 calendar days after receipt of the grievance, a City of Monterey representative will contact the grievant to discuss the grievance. The City of Monterey representative will respond to the grievant in writing within 60 calendar days after the receipt of the grievance. The format of response, if requested, can be in an accessible format such as large print, Braille or audio tape.

If the response by the City of Monterey does not satisfactorily resolve the issue, the grievant or their designee may appeal the decision to the City of Monterey Disabled Access Appeals Board within 15 calendar days after the date of the written response by the City. The request for an appeal shall be submitted in writing to the ADA Coordinator. The appeal shall be scheduled for the next available Disabled Access Appeals Board meeting. If the grievant is dissatisfied with the response of the Disabled Access Appeals Board Committee, he/she may contact the U.S. Department of Justice, the U.S Department of Fair Employment and Housing, the Equal Employment Opportunity Commission, or seek private counsel.

The City’s ADA Coordinator shall maintain ADA grievance files for a period of three years.

<table>
<thead>
<tr>
<th>City of Monterey ADA Coordinator</th>
<th>Telephone Numbers</th>
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<tbody>
<tr>
<td>Nat Rojanasathira, Assistant City Manager</td>
<td><strong>Phone:</strong> (831) 646-3760</td>
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<tr>
<td>City of Monterey</td>
<td><strong>TTY:</strong> 711</td>
</tr>
<tr>
<td>580 Pacific Street</td>
<td><strong>Email:</strong> <a href="mailto:rojanasathira@monterey.org">rojanasathira@monterey.org</a></td>
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<tr>
<td>Monterey, CA 93940</td>
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CITY OF MONTEREY

Americans with Disabilities Act (ADA) of 1990 - GRIEVANCE FORM

This form is for submitting complaints that the City of Monterey has not complied with the ADA. All complaints will be investigated. Please type or print legibly.

Name of Grievant: __________________________ Date of Incident: __________________________
Address: __________________________ City ______ State ______ Zip ________ Telephone
Number: __________________________ E-mail address: __________________________
If the Grievant is not the individual completing this form, please provide the authorized representative’s name: __________________________ Relationship: __________________________
Representative’s Telephone Number: __________________________

**Alleged Violations:** Describe how the City has not complied with the requirements of the ADA; please attach additional pages if necessary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Requested Action:** What actions do you request the City of Monterey take to correct the alleged ADA non-compliance or discrimination?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has a Complaint been filed with a State or Federal Agency: _____YES  _____NO

Name of Agency: __________________________ Date Filed: __________ Contact: __________________________

Signature of (circle one) Grievant or Authorized Representative:

________________________________________________________________________ Date: __________________________

Please submit the completed form to: Nat Rojanasathira, Asst. City Manager, ADA Coordinator
City of Monterey
580 Pacific Street
Monterey, CA 93940
Phone (831) 646-3760 / TTY: 711
Email: rojanasathira@monterey.org

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

Version 01/2024