



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 grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Bakersfield. The City's Human Resources Department administers Policy that governs employment-related complaints of disability discrimination.

The grievance should be in writing and contain information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. A Grievance form is available for your convenience. Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance will be made available for persons with disabilities upon request.

The grievance should be submitted by the grievant and/or designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

ADA Coordinator

City of Bakersfield - City Manager's Office

1600 Truxtun Ave, Bakersfield, CA 93301

Phone: (661) 326-3751 Fax: (661) 324-1850

Email: ADA@bakersfieldcity.us

Within 30 calendar days after receipt of the grievance, the ADA Coordinator or designee will contact the grievant to discuss the grievance and the possible resolutions. Within 30 calendar days of contacting the grievant, the ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of the City of Bakersfield and offer options for substantive resolution of the grievance.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the grievant and/or designee may appeal the decision within 30 calendar days after receipt of the response to the City Manager or designee.

Within 30 calendar days after receipt of the appeal, the City Manager or designee will meet with the grievant to discuss the grievance and possible resolutions. Within 30 calendar days after the meeting, the City Manager or designee will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance.

All written grievances received by the ADA Coordinator or designee, appeals to the

City Manager or designee, and responses from these two offices will be retained by the City for at least two years.

1600 Truxtun Avenue • Bakersfield, CA 93301 • Phone: (661) 326-3745 • Fax (661) 324-1850



**City of Bakersfield
GRIEVANCE FORM**



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

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: _____

Please send the completed form to:

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