

CITY OF OAKLAND



ADA Programs Division
One Frank Ogawa Plaza, 11th Floor
Oakland, CA 94612

PHONE (510) 238-5219
711 FOR RELAY SERVICE
FAX (510) 238-3304

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@oaklandca.gov.***

Filing a grievance: Please complete this form as fully as possible. The complaint should be submitted by the individual alleging discrimination on the basis of disability or an authorized representative as soon as possible but no later than 60 calendar days after the alleged discrimination. If you require this form in an alternative format, or need other assistance to submit your complaint, then contact the ADA Programs Division at 510.238.5219 or by e-mail at adaprograms@oaklandca.gov.

City response to grievance: Within 10 business days after receipt of the complaint, the ADA Coordinator, or a designee, will contact the complainant or representative to discuss the complaint and possible resolutions. Within 30 business days of receipt of the complaint, unless the period is extended by agreement with the complainant or representative, the ADA Coordinator, or designee, will respond in writing, in a format accessible to the complainant. The response will explain the position of the City and, what actions if any the City will take to resolve the complaint.

Appeal: If the response by the ADA Coordinator, 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 City Administrator. The City ADA Coordinator's findings on appeals from residential on-street disabled parking zone, curb ramp, or sidewalk repair denials are final and not appealable.

City response to appeal: Within 10 business days after receipt of the appeal, the 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 either affirming or modifying the determination of the City ADA Coordinator.

All documented complaints received by the ADA Coordinator, appeals to the City Administrator, 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 Coordinator.

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 ADA grievance form to:

**ADA Coordinator
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. To [Make a request for a Sidewalk Repair, Curb Ramp, or Disabled Parking Zone, you may click here for application materials.](#) You may also make a request by calling 510-615-5566 or sending an e-mail to oaklandcallcenter@oaklandnet.com.

City of Oakland

Grievance Form

Complaint of Access Violation or Discrimination on 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: _____ 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: _____ 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.)

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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: _____

Please list and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim. You may also attach photographs or other documents in support of your claims.

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

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ADA Grievance Form Rev. 10/2017