

This Americans with Disabilities Act Grievance Procedure and Complaint Form is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the ADA Program Coordinator and allow 7-10 days for production of the material in an alternative format.

Thomas Gregory - ADA Program Coordinator

Email: [tgregory@berkeleyca.gov](mailto:tgregory@berkeleyca.gov)

Phone: 1-510-981-6418

TTY/TDD: 1-510-981-6347

**CITY OF BERKELEY ADMINISTRATIVE  
POLICIES:**

A.R. Number:1.13

**ADA Grievance Procedure**

Adopted: Feb 2024

**PURPOSE**

*The City of Berkeley is committed to ensuring that people with disabilities are able to take part in, and benefit from, the whole range of public programs, services, and activities offered by the City. The City continues to modify its facilities, programs, policies, or practices, as necessary, to ensure such access is provided.*

*Title II of the Americans with Disabilities Act (ADA) requires that public entities adopt and publish grievance procedures to assure the prompt and equitable resolution of complaints. The purpose of this ADA grievance procedure is to resolve as promptly as possible any problems, complaints, or conflicts related to the City's ADA compliance without the need for the complainant to resort to other remedies available under the law.*

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***Please note: This procedure applies only to the property, programs, and services of the government of the City of Berkeley. For information or assistance with regard to private property, please contact the Building & Safety office at (510) 981-7440.***

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**1. WHO MAY FILE A GRIEVANCE?**

You or your authorized representative may file an ADA grievance if you believe that:

- The City is not in compliance with the physical access requirements of the Americans with Disabilities Act related to its public facilities, land, or rights-of-way, or
- You or a specific class of individuals have been denied access to participate in a City programs, services, or activities on the basis of disability, or
- You or a specific class of individuals have been otherwise subjected to discrimination on the basis of disability by the City of Berkeley, or
- The City has otherwise violated the ADA.

**2. WHEN SHOULD A GRIEVANCE BE FILED?**

Before filing a grievance, you may seek informal resolution by contacting the Department Head or his/her designee of the affected department within 60 days of the alleged discriminatory action (See list of Department Heads in Attachment 1). If your informal concern is not resolved within ten (10) days, you have the right to file a formal grievance under this procedure.

Any grievance not resolved by the procedure described in Step 1 above, may be referred to the ADA Coordinator (or his/her designee) by the grievant or a representative of the grievant, or the Department Director, within thirty (30) days of the Department Director's decision. Any such referral shall be in writing identifying the specific complaint, with the desired resolution. Upon request, referrals may be made using alternative formats.

The ADA Coordinator (or his/her designee) shall conduct an investigation of the complaint to determine its validity and issue a written decision 45 days of the formal filing. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The ADA Coordinator (or his/her designee) will maintain the files and records of the City of Berkeley relating to such grievances. **3. WHAT SHOULD THE GRIEVANCE INCLUDE?** You may file your grievance on the attached form (Attachment 2). Whatever format you choose, your grievance must include the following information:

- a. Your name, address and telephone number. If a representative is filing the grievance on your behalf, his or her name, address and telephone number must also be included.
- b. A description of the offending behavior(s) or action(s) or violation(s).
- c. The date(s), time(s) and location(s) of the incident(s).
- d. If the incident(s) involved a City of Berkeley employee(s), his or her name(s) should be included, if you know it.
- e. If there are any witnesses to the incidents, his or her name(s) should be included, if you know it.

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- f. If your grievance is being filed on behalf of another person or a group of people, all of the grievants should be described or identified by name, if possible.
- g. The remedy you desire.
- h. Your signature or the signature of your authorized representative.

The City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share information only on a need-to-know basis.

#### **4. WHERE SHOULD I SUBMIT MY GRIEVANCE?**

You may file your grievance with the City's ADA Program Coordinator. The ADA Program Coordinator's name, office address and telephone number are:

**Thomas Gregory  
Public Works Department  
1947 Center Street, 4th Floor  
Berkeley, CA 94704  
tgregory@berkeleyca.gov  
phone: 1-510-981-6418  
TTY/TDD: 1-510-981-6347**

You may mail your grievance, fax it, e-mail it, or deliver it in person.

If you believe the ADA Program Coordinator is involved in alleged discrimination you should submit your grievance to the Assistant City Manager (See Attachment 1).

#### **5. WHAT IF I NEED ASSISTANCE FILLING OUT MY GRIEVANCE?**

ADA Grievances may be filed by mail, by phone, or by e-mail. Assistance is available from the ADA Coordinator (or his/her designee). You should contact his/her office and request the type of assistance you need. The ADA Grievance Procedure and Complaint Form are available in alternative formats upon request from the ADA Coordinator (or his/her designee). Verbal grievances should be filed with the ADA Coordinator (or his/her designee). This is in compliance with Berkeley Administrative Regulation 1.12, the Communication Access Policy.

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Issued by: ADA Coordinator, Public Works Department

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**6. WHAT HAPPENS AFTER I FILE MY GRIEVANCE?**

After receiving your grievance, the ADA Program Coordinator, or his/her designee, will investigate. The investigation may include, but may not be limited to, interviews with: (a) you; (b) the person(s), if any, who allegedly discriminated against you; and (c) any other person the investigator believes to have relevant knowledge concerning your grievance. The investigator will also consider any written evidence that is given to him/ her.

After completing the investigation, the investigator will review the factual information gathered through the investigation to determine whether discrimination has occurred or the ADA has been otherwise violated. The investigator will consider all of the factual information, all the circumstances, and the context in which any alleged incident(s) occurred.

The investigator will then prepare a written report which will include: (1) the results of the investigation; (2) a determination as to whether discrimination occurred or access requirements have been violated; and (3) any appropriate remedy which the City will provide. A copy of the report will be sent to you, and a copy will be sent to both the Department Head and the ADA Program Coordinator.

**7. WHEN WILL I RECEIVE A RESPONSE?**

Absent extenuating circumstances, all grievances will be investigated, and a response issued, within 45 days of receipt of the formal grievance. If a delay is expected, the Department Head or ADA Program Coordinator, or designee, will notify you in writing of the reason(s) for the delay, and the date by which you will receive a response.

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**8. SHOULD I BE CONCERNED THAT A CITY OFFICER OR EMPLOYEE MIGHT RETALIATE AGAINST ME IF I COMPLAIN?**

The City will not retaliate against you for filing a grievance and will not knowingly permit retaliation by its officers or employees. The City will take reasonable steps to protect you from retaliation by others as a result of filing a grievance. Please let the ADA Program Coordinator know immediately if you feel you are being retaliated against for filing a grievance.

**9. WHAT CAN I DO IF I AM NOT SATISFIED WITH THE RESULTS OF THE CITY'S INVESTIGATION?**

If you are not satisfied with the results of the investigation, you may submit a verbal or written appeal within 20 days of your receipt of the findings. Your appeal should detail the reasons you believe the findings to be in error. You will receive a response within 20 days of the day you submit your appeal.

Your appeal should be directed to the Assistant City Manager (see contact information in Attachment 1). A written response to the appeal, approved by the City Manager, will be issued within 20 days.

If you are not satisfied with the results of the appeal, you may file a complaint with the appropriate agency or department of the State or Federal government. Contact the U.S. Department of Justice, the U.S. Department of Education Office for Civil Rights, or the California Department of Justice Civil Rights Division for information about how to file a complaint with these agencies. You may also sue the City in federal court.

Using this grievance procedure is not a prerequisite to pursuing any of your other remedies. However, in the interest of a prompt resolution of alleged discrimination, the City encourages you to use this procedure in addition to any other available remedies you may choose.

**DEPARTMENT HEAD LIST: ADA GRIEVANCE RESPONSE**

**Mailing Address: 2180 Milvia St, Berkeley, CA 94704**

City Attorney's Office

Farimah Brown, fbrown@berkeleyca.gov, 510-981-6985

City Clerk's Office

Mark Numainville, mnumainville@berkeleyca.gov, 510-981-6909

City Manager's Office

Dee Williams-Ridley, dwilliams-ridley@berkeleyca.gov, 510-981-7016

Assistant City Manager's Office

LaTanya Bellow, bellow@berkeleyca.gov, 510-981-7012

Human Resources

Aram Kouyoumdjian, akouyoumdjian@berkeleyca.gov, 510-981-6807

Information Technology

Kevin Fong, kfong@berkeleyca.gov, 510-981-6541

Finance

Henry Oyekanmi, hoyekanmi@berkeleyca.gov, 510-981-7326

Fire

David Sprague, dsprague@berkeleyca.gov, 510-981-5501

Library

Tess Mayer, tmayer@berkeleyca.gov, 510-981-6108

Parks, Recreation & Waterfront

Scott Ferris, sferris@berkeleyca.gov, 510-981-6711

Police

Jennifer Louis, jlouis@berkeleyca.gov, 510-981-5705

Public Works (Engineering & Transportation)

Andrew Murray, anmurray@berkeleyca.gov, 510-981-6303

Health, Housing & Community Services

Lisa Warhuus, lwarhuus@berkeleyca.gov, 510-981-5404

**Attachment 2**

**CITY OF BERKELEY  
GRIEVANCE FORM  
COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION  
ON THE BASIS OF DISABILITY**

*The City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share any sensitive information you provide here only on a need-to-know basis.*

<b>Individual identifying access violation or discrimination</b>	Name	
	Address	
	Telephone	
<b>Authorized representative of individual above (if any)</b>	Name	
	Address	
	Telephone	

1. Please describe the City of Berkeley's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a City of Berkeley employee(s) please provide his or her name(s), if known:

4. If the grievance involves physical access to a City of Berkeley public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:

7. What action do you want taken to correct the alleged access violation or discrimination?



8. Is there any other information you want the City to know concerning your grievance?

Signature:

Date:

Signature of (check one)

- Observer of alleged access violation
- Victim of alleged discrimination
- Authorized representative

Submit this form to the appropriate department liaison, or to the ADA Program Coordinator in the Public Works Department. A list of department liaisons is included as Attachment 1 to the ADA GRIEVANCE PROCEDURE.