

**City of Seaside**  
**Americans with Disabilities Act and**  
**Section 504 of the Rehabilitation Act of 1973**  
**Complaint and Grievance Procedure**

This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City. The City's Personnel Policy governs employment-related complaints of disability discrimination.

City wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City's Grievance Form.

It is preferred that the formal grievance be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request. If additional accommodations are needed, please contact the ADA Coordinator. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**David Little, Chief Building Official**  
**ADA Coordinator**  
**440 Harcourt Avenue, Seaside, CA 93955**  
**Dlittle@ci.seaside.ca.us**  
**(831) 899-6733**  
**California Relay Service: dial 711**

Within 30 calendar days after receipt of the complaint, the ADA Coordinator, or her designee, will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting the ADA Coordinator or her 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 offer options for substantive resolution of the complaint.

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

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

All written complaints received by the ADA Coordinator or her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City for at least three years.

**City of Seaside**

**Americans with Disabilities Act and  
Section 504 of the Rehabilitation Act of 1973  
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Discriminated Against: (if other than the complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have efforts been made to resolve this complaint?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes: what efforts have been taken and what is the status of the grievance?

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Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

5. Do you intend to file with another agency or court?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

6. Additional comments or information:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

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