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| CITY OF PORT HUENEME | ADMINISTRATIVE POLICIES AND PROCEDURES |
| POLICY #: <u> B-025 </u> ISSUED: <u> 12-04-18 </u> EFFECTIVE: <u> 12-04-18 </u> CANCELLATION DATE: <u> </u> SUPERCEDES: <u> 02-15-09 </u> | SUBJECT: AMERICANS WITH DISABILITIES ACT (ADA) – “PUBLIC ACCOMMODATION” |

POLICY

It is the policy of the City of Port Hueneme (City) to comply with the Americans with Disabilities Act of 1990 (ADA) and its implementing regulations as well as Section 504 of the Rehabilitation Act of 1973. The ADA states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in either programs or activities sponsored by a public entity. The City has adopted an internal complaint procedure for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing the Americans with Disabilities Act (ADA). See City's "Complaint and Grievance Procedure under the American with Disabilities Act."

PROCEDURES

The City wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. Citizens should be encouraged to make a request (see the attached form) to ascertain their needs. Requests may be made directly to the applicable department with a copy to the ADA Coordinator.

Should they desire, citizens are allowed to file a complaint against the City. Complaints should be addressed to: City of Port Hueneme, City Manager's Office, 250 North Ventura Road, Port Hueneme, CA 93041 attention of the ADA Coordinator or designee as the individual designated to coordinate ADA compliance efforts. The phone number is (805) 986-6501 and the e-mail address is CityManagerOffice@cityofporthueneme.org.

1. A complaint may be filed in written, verbal, or electronic form and can be submitted to the appropriate address provided above. The complaint shall include the name and address of the person filing it and a brief description of the alleged violation of the regulations.
2. A complaint should be filed within 60 calendar days after the complainant becomes aware of the alleged violation. (Processing of allegations of discrimination, which occurred before this complaint procedure was in place, will be considered on a case-by-case basis.)
3. An investigation, as may be appropriate, shall follow a filing of complaint. The ADA Coordinator or his/her designated representative shall conduct the investigation.

These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.

4. A written determination as to validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator or his/her representative and a copy forwarded to the complainant no later than 30 calendar days after its filing.
5. The complainant may appeal the decision in instances where he or she is dissatisfied with the resolution. The appeal should be made within 30 calendar days to the City Manager or his designee by the complainant and/or his/her designee.
6. 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.
7. The right of the person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as filing of an ADA complaint with the responsible federal agency or department. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.
8. All written complaints 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 three years.



ROD BUTLER
CITY MANAGER

CITY OF PORT HUENEME REQUEST FORM

REQUEST FOR SPECIAL ACCOMMODATION ON THE BASIS OF DISABILITY

Name: _____

Address: _____

Telephone No. _____

Is someone else filing this request on your behalf? Yes No

If yes, please provide the following information for person that you have designated to present your request:

Name _____

Address _____

Telephone No. _____

Please describe the service, or program that will require a special accommodation such as, an auxiliary service or aid for you to participate:

Department providing program or service: _____

Description of program or service: _____

Please describe the auxiliary aid or service that you are requesting. _____

Signature

Date

**City of Port Hueneme
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:

5. 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?

6. 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: _____

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

Yes _____ No _____

Agency or Court:

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

Attn: ADA Coordinator
250 North Ventura Road
Port Hueneme, CA 93041
(805) 986-6501