



CITY OF CORNING AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURES

SUMMARY:

This procedure may be used by anyone who wishes to appeal the decision of a department in response to a request for accommodations or modifications of services, activities, programs or benefits by the City of Corning and the elimination of physical barriers in City facilities, parks and streets.

BACKGROUND:

The City of Corning has an established history of identifying and eliminating physical barriers to the handicapped. When complaints or statements of concern have arisen from the public, the City has taken immediate action to correct the problem including discussion and feedback to the concerned party. Physical barriers have been identified and scheduled for elimination either upon complaint from a citizen or initiated by the City when street or building repairs are done.

The City of Corning also has a long history of prohibiting discrimination in employment, and discrimination against its citizens/customers. Procedures are in place to protect all employees and employment applicants.

During training presented by the Northern California Cities Self Insurance Authority in 2008, the City became aware that a formal grievance procedure is required to address issues under the Americans with Disabilities Act. The procedure ensures a thorough and documented review of any ADA complaint. This update further clarifies and improves the original 2008 Procedure.

Separate procedures are in place for complaints alleging discrimination in employment policies and practices.

PURPOSE:

The initial Request for Accommodation is handled like any other City Service Request. This may include contact with the requestor by the City Staff in person, by phone or by mail.

As previously stated, this procedure may be used by anyone wishing to appeal a Department's decision in response to a request for accommodations, modification of City provided services, activities, programs or benefits, or the elimination of physical barriers at City Facilities, Parks or Streets.

The grievance procedure is established to provide a policy that will allow objective fact finding to occur followed by a discussion of options, with mediation that attempts to find a mutually acceptable solution to any issue identified. The goal of this process is to preclude the need to grieve or appeal a request for accommodation to another level of government.

This grievance procedure is established to meet the City of Corning requirements of the American with Disabilities Act.

This grievance procedure does not apply to complaints alleging discrimination in employment policies or practices.

PROCEDURE:

1. The complainant and/or his/her designee should submit the grievance as soon as possible, but no later than sixty (60) calendar days after the alleged discrimination, to the City of Corning, Attention: Dan Redding, ADA Coordinator and Building Official.
2. The complaint should be in writing and contain the following information about the alleged discrimination:
 - Name, address and phone number of Complainant; and
 - Location, date and description of the alleged discrimination; and
 - Date and name of the department contact involved in the alleged discrimination.

Upon request, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities.

3. The ADA Coordinator will consult with the City ADA Committee on all grievances filed against the City. The individual filing the grievance may appear before the ADA Committee to discuss the issue, to allow the Committee to facilitate a resolution of the issue.
4. Within 15 calendar days after receipt of the complaint, the City ADA Coordinator, or committee, will meet with the complainant to discuss the complaint and possible resolution.
5. Within 15 calendar days after the meeting, the City ADA Coordinator will respond in writing, and where appropriate, in a form accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the position of the City of Corning and offer options for a substantive resolution of the complaint.
6. If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response in writing to the City Manager or his/her designee.
7. Within 15 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 15 calendar days following the meeting, the City Manager or his/her designee, will respond with a final resolution of the complaint in a format accessible to the complainant.
8. All appeals received, and responses provided by the City ADA Coordinator will be kept by the City of Corning for at least three years, as required by the Americans with Disabilities Act (ADA).

CITY OF CORNING ADA ACCESSIBILITY ADVISORY COMMITTEE:

To request a meeting with the City of Corning ADA Accessibility Advisory Committee, please contact the City of Corning ADA Coordinator at:

City of Corning ADA Coordinator

Dan Redding, Building Official

City of Corning
794 Third Street
Corning, CA 96021
Phone: 530-824-7027
www.corning.org

ADA Accessibility Advisory Committee Members:

Tom Watson, Admin. Services Manager
Lisa Linnet, City Clerk
Robin Kampmann, Public Works Director
Jeremiah Fears, Police Chief
Molly Marcussen, Planner 1



TITLE II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

City of Corning ADA Grievance Form

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address in the next box. This form is available in alternate formats by requests.

Please mail or deliver to:
City of Corning, ADA Coordinator
794 Third St.,
Corning, CA 96021

Reporting Individual	
Name and Address	
City, State, Zip code	
Telephone	Home: _____ Business: _____
E-Mail Address	
Service, Program or Facility Alleged to Be Inaccessible	
Service, Program or Facility	
Address	
City, State, Zip code	
Telephone number	
E-Mail Address	
Date	
Describe the way in which the service, program or facility is not accessible. (Please use an attachment as necessary)	
Proposed method of making the service, program or facility accessible. (Please use an attachment as necessary)	
Signature of Reporting Individual:	_____
Action Taken (for Office Use)	
File No. _____ Date Received: _____ Received By: _____	