



CITY OF FAIRFIELD POLICIES IN REGARDS TO DISCRIMINATION BASED ON DISABILITY

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the City of Fairfield will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

ADA/SECTION 504 COMPLIANCE

Employment: The **City of Fairfield** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title II of the ADA and Section 504.

Effective Communication: The **City of Fairfield** will, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Fairfield's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies, Programs and Procedures: **The City of Fairfield** will make all reasonable modifications to policies, programs and procedures to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the **City of Fairfield**, should contact the office of **Human Resources at (707) 428-7679** as soon as possible but no later than 48 hours before the scheduled event. Please allow three business days for the City to obtain an ASL interpreter.

The **City of Fairfield** will not place a surcharge to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Section 504 and the ADA do not require the **City of Fairfield** to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of **City of Fairfield** is not accessible to persons with disabilities should be directed to **Christian Carmona, Lead ADA Coordinator** for Complaints and Grievances, listed on the following page. The process for filing complaints or grievances is listed on page 5 of this document. The grievance form can be found on page 7.

The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

CITY OF FAIRFIELD 504/ADA COORDINATORS

<p>Complaints and Grievances Investigating any grievance or communication to the City alleging non-compliance with the ADA; and public services provisions of the ADA (Title II), covering program accessibility and communications.</p>	<p>Lead Coordinator Christian M. Carmona Risk Manager 1000 Webster Street, 1st Floor Fairfield, CA 94533 Mobile/Texting: (530) 524-2626 Desk: (707) 428-7394</p>
<p>City of Fairfield Employees and Volunteers</p>	<p>Patricia Romie Human Resources 1000 Webster Street, 4th Floor Fairfield, CA 94533 (707) 428-7394</p>
<p>Infrastructure and public works: architectural barriers and transportation issues.</p>	<p>Paul Kaushal Interim Director of Public Works 1000 Webster Street, 3rd Floor Fairfield, CA 94533 (707) 428-7485</p>
<p>Housing Authority and Section 8 Vouchers</p>	<p>Nicole Holloway Housing Authority Manager 823-B Jefferson Street Fairfield, CA 94533 (707) 428-7392</p>

**Community Development Block Grant
(CDBG) and HOME Programs**

Dawn La Bar

Special Projects Manager
1000 Webster Street, 4th Floor
Fairfield CA 94533
(707) 428-7749

City of Fairfield Complaint and Grievance Procedures

Under the Section 504 and the Americans with Disabilities Act

The **City of Fairfield** has adopted a Complaint and Grievance Procedure for prompt and equitable resolution to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973. This procedure may be used by anyone who wishes to file a complaint alleging discrimination by the **City of Fairfield** on the basis of disability in the provision of programs, services, activities or benefits. Section 504 and the ADA require that 'no qualified individual with a disability shall, by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity receiving Federal financial assistance.' Issues include, but are not limited to, denial of a Reasonable Accommodation and/or Reasonable Modification, the inadequacy of an accommodation/modification, the inaccessibility of a program or activity due to disability, or discrimination or harassment based on disability. To file a Grievance and/or Complaint based on ADA and/or Section 504, please see process below.

SECTION 504/ADA COMPLAINTS

It is always best to try to resolve these issues as informally and as locally as possible. This usually results in the quickest and most satisfactory resolution. The City's ADA Coordinator for Grievances and Complaints is available to assist you with this process. He is the person responsible for investigating any grievance, complaint or communication to the City alleging non-compliance with the Section 504/ADA. All such complaints or grievances should be addressed to:

Christian Carmona

504/ADA Lead Coordinator

Risk Manager

Finance Department

City of Fairfield

1000 Webster Street, 1st Floor

Fairfield CA 94355

Telephone: (707) 399-5623

Mobile/Texting: (530) 524-2626

ADAcordinator.grievances@fairfield.ca.gov

All complaints or grievances submitted must contain specific information about the alleged violation or discrimination including: name, address, telephone number and/or email address of the complainant and the location, date, and a complete description of the circumstances giving rise to the complaint. Upon request, the 504/ADA Coordinator will make appropriate arrangements to ensure that individuals with disabilities are provided Reasonable Accommodations, if needed, to participate in the grievance process. Such arrangements may include, but are not limited to, providing the opportunity for a person who has trouble writing to make the complaint verbally; providing interpreters for people who are hearing impaired; providing taped cassettes of materials for people who are visually impaired; or assuring a barrier-free location for people who are mobility impaired.

The grievance form may be obtained from the City's website (www.fairfield.ca.gov) under Quick Links; in person at the Finance Department customer service window; and by email or US Postal Service by emailing: ADACoordinator@fairfield.ca.gov.

Anonymous complaints or grievances will not be accepted. Complaints or grievances will be kept confidential to the greatest extent possible, unless ordered released by a court of competent jurisdiction. If you wish to file a complaint, you can provide grievance information via alternative means to the ADA Coordinator, but you must include all required information. These may be submitted by telephone, e-mail (confidentiality cannot be assured), letter, personal interview, or other methods, upon request. All complaints must be submitted to the City by the complainant or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation or discriminatory act.

Within 15 calendar days of the City's receipt of the grievance, you will receive a confirmation that it has been received and is being investigated. If you do not receive a confirmation within 15 business days, please contact Christian Carmona, 504/ADA Coordinator. Within 20 business days of receiving the grievance, the ADA Coordinator or his/her designee will contact the claimant to discuss the grievance and possible resolutions. Absent extenuating circumstances, all grievances will be investigated, and a response issued, within 45 days of receipt of grievance. If a delay is expected, the ADA Coordinator will notify you in writing of the reason(s) for the delay, and the date by which you will receive a response. If it is not possible for you to

obtain the resolution requested, the ADA Coordinator identify the reason(s) why that is not possible and engage in an interactive process about alternative accommodations or modifications to address disability-related needs. The ADA Coordinator will work with you to explore options that are agreeable to the parties involved. You may bring an advocate for the discussion(s). Upon request, the results will be provided in an accessible format (e.g., large print, audio tape, Braille, etc.).

If you are not satisfied with the results of the investigation and the interactive process, you may submit a verbal or written appeal within 20 days of your receipt of the findings. Your appeal should be directed to the City Manager. Your appeal should describe the reasons you believe the findings to be in error. Within 20 days of the day you submit your appeal, the City Manager will contact you to discuss the matter. A written response to the appeal will be issued within 45 days of the day you submit your appeal.

All written complaints and responses will be retained by the City of Fairfield for at least four years.

Confidentiality

To the extent possible, confidentiality will be maintained throughout the investigation of a complaint of unlawful discrimination.

Other Remedies

The right of an individual with a disability to a prompt and equitable resolution of the grievance shall not be delayed by the individual's pursuit of other remedies such as the filing of a disability complaint with a responsible federal or state agency. Use of the City's grievance procedure is not a prerequisite to an individual's pursuit of other remedies. Concurrently, the individual with a disability has the right to file a grievance with any or all of the following:

FHEO Intake Specialist 1-800-669-9777 or online in English or Spanish by clicking [HERE](https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process):

https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process

US Dept of Housing & Urban Development

Office of Fair Housing & Equal Opportunity

One Sansome Street, Ste 1200

San Francisco, CA 94104

Phone: (800) 347-3739 or (415) 489-6524; TTY: (415) 489-6564

California Department of Fair Employment & Housing (DFEH)

Communication Center

2218 Kausen Drive, Suite 100

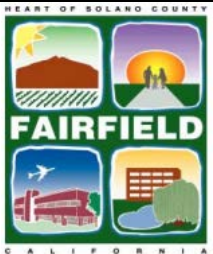
Elk Grove, CA 95758

Phone: (800) 884-1684

TTY: (800) 700-2320

Email: contact.center@dfeh.ca.gov

Fair Housing of Northern California, 415-457-5025

<p>File Grievance With:</p> <p>Office of City Clerk City of Fairfield 1000 Webster Street, 4th Floor Fairfield, CA 94533 (707) 428-7394</p>	 <p>ADA GRIEVANCE and SECTION 504 FORM</p>	<div></div> <p>Received Stamped City Clerk</p>
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If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. For questions concerning this form or the information requested, please contact Chris Carmona, Risk Manager / Lead ADA Coordinator for Grievances at the following:

(530) 524-2626 mobile/text
(707) 399-5623 or ccarmona@fairfield.ca.gov

1. Name and contact information of the Complainant:

Name of Complainant:	Date of Birth:
Address:	Home Phone:
	Cell Phone:
Email:	

2. Representative of Complainant:

Name:	Organization:
Address:	Telephone:
	Relationship:
Email:	

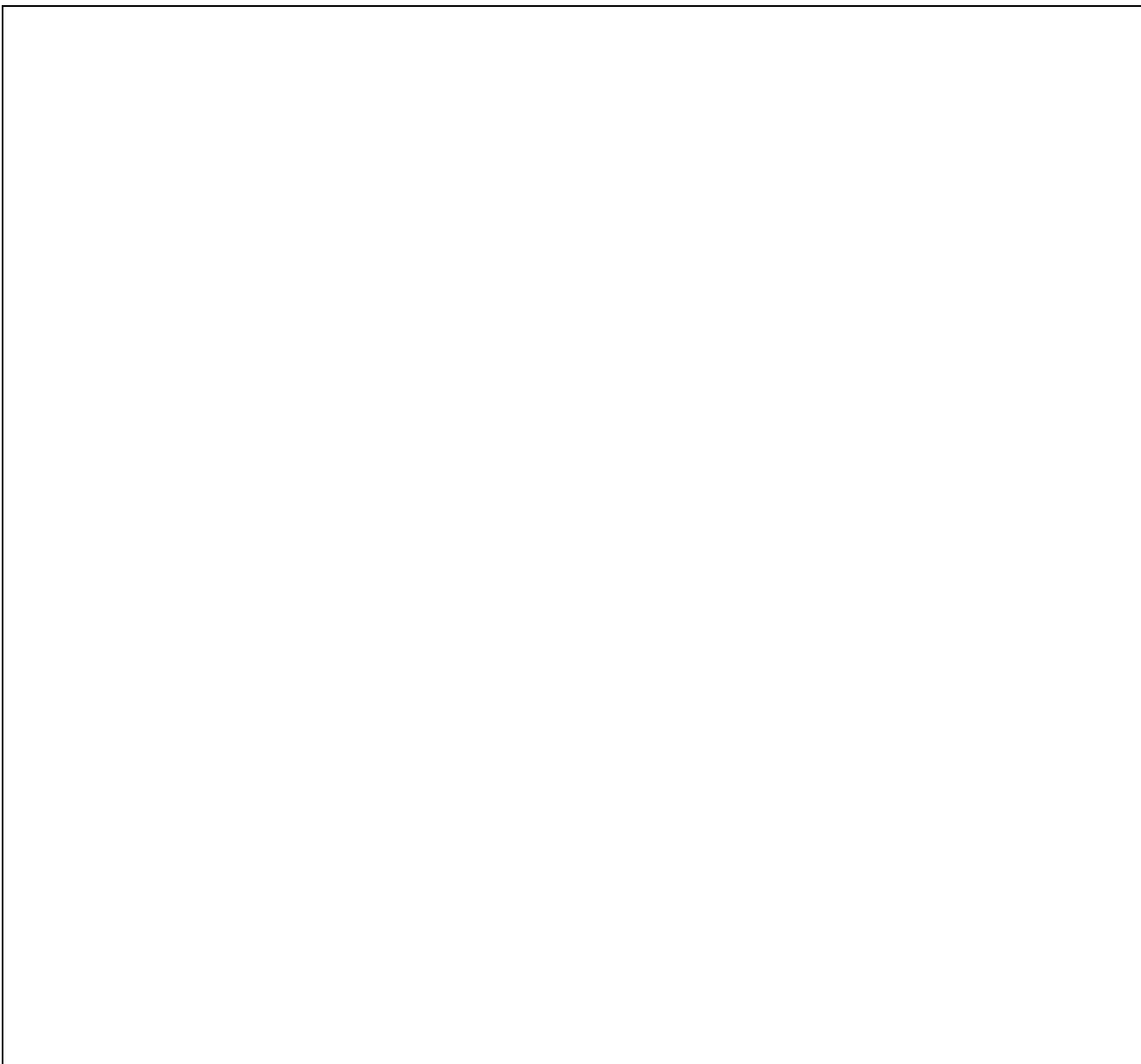
3. The date, place and other circumstances which gave rise to the complaint asserted.

Date of Occurrence:	Time of Occurrence:
Location:	
Circumstances giving rise to the complaint:	

4. If known, the name of the public employee(s) who have information regarding the complaint.

5. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the complaint:

6. If the complaint is for a physical location, please attach photographs or draw a diagram:



Signature: _____ **Date:** _____

Please Print Name: _____