

CITY OF POMONA GRIEVANCE PROCEDURE

This Grievance Procedure is established to meet the requirement of the ADA. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Pomona.

The complaint should be made **in writing** and contain the following information:

Complaint's Information:

- Name
- Address
- Phone number
- Email address

Incident Violation:

- Location
- Date and Time of Occurrence
- Description of the problem
- Name of City Employee Involved (if any)
- Name and Contact Information of witnesses (if any)

The complaint should be submitted as soon as possible, preferably within 60 calendar days of the alleged violation.

Within **15 calendar days** after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and the possible resolutions.

Within **15 calendar days** of the meeting, the ADA Coordinator will respond in writing and where appropriate, in format that is 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 ADA Coordinator does not satisfactorily resolve the issue, the complainant may appeal the decision within **15 calendar days** after receipt of the response to the City Administrator or their designee.

Within **15 calendar days** after receipt of the appeal, the City Administrator or their designee will meet with the complainant to discuss the complaint and possible resolutions.

Within **15 calendar days** after the meeting, the City Administrator or their designee will respond in writing and where appropriate, in a format that is accessible to the complainant with a final resolution to the