



MAIN OFFICE

700 W. Main Street, Alhambra, CA 91801
Tel: 626-262-4510 TDD: 626-943-3898
www.lacda.org

ADA COMPLAINT FORM INSTRUCTIONS & GREVIANCE PROCEDURES

LACDA GRIEVANCE PROCEDURE: This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits provided by the Los Angeles County Development Authority (LACDA).

Complaints should be presented in writing and contain information about the alleged discrimination. Information shall include the name, address, phone number of the grievant, location of occurrence, date, and description of the incident. 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.

The complaint should be submitted by the Grievant and/or their designee as soon as possible, but no later 60 calendar days after the alleged violation to:

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

Attn: JULLIETTE LARIN, ADA COORDINATOR

700 W. Main Street, Alhambra, CA 91801

Phone: (626) 586-1695 | TTD: (855) 892-6095 | TRS: 711 | Email: claims@lacda.org

The LACDA shall:

- **Within 30 calendar days** after receipt of the grievance, the ADA coordinator (or designee) shall communicate with and/or meet with the grievant to discuss the complaint and possible resolutions.
- **Within 30 calendar days or within a reasonable period** after the meeting/communication, the ADA coordinator (or designee) shall respond in writing, and, where appropriate, respond in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of the LACDA and where appropriate, offer options for substantive resolution of the complaint.

Appeal Process: If the response by the ADA coordinator (or designee) does not satisfactorily resolve the issue, the grievant may appeal the decision of the ADA coordinator within 15 calendar days to the LACDA's Risk Manager or their designee.

Within 30 calendar days or within a reasonable period after receipt of the appeal, the Risk Manager or designee shall communicate with and/or meet with the grievant to discuss the grievance and when appropriate, possible resolutions. **Within 30 calendar days after the meeting/communication**, the Risk Manager or designee shall respond in writing, and, where appropriate, respond in a format accessible to the grievant, with an outcome of the grievance.

Other Remedies: The right of a person to a prompt and equitable resolution of the complaint filed will not be impaired by the person's pursuit of other remedies, such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not required prior to the pursuit of other remedies. These rules are intended to protect the rights of interested persons, meet the appropriate due process standards and ensure the LACDA complies with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Records Retention: All written grievances and communications related to ADA shall be maintained by the LACDA for a minimum of three years beginning from the date a matter is deemed closed.

THIS MATERIAL IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST



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COMPLAINT FORM - AMERICANS WITH DISABILITIES ACT

This form is for submitting grievances alleging the Los Angeles County Development Authority (LACDA) has not complied with the Americans with Disabilities Act (ADA) of 1990. All grievances will be investigated.

Date of Incident: _____ Preferred Communication Method : _____

Location of Occurrence (Complete Address): _____

Grievant's Name: _____ Authorized Representative: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

Alleged Violation(s): Please describe the alleged denial or exclusion of services, activities, programs, or benefits and your reason(s) for concluding the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting information if available.

Requested Action: What resolution do you recommend the LACDA take to correct the alleged discrimination?

Are the circumstances of your grievance continuing? ☐ Yes ☐ No

Have you filed a claim regarding this grievance with a federal, state, or local government agency? ☐ Yes ☐ No

Have you hired an attorney with respect to the allegations in grievance? ☐ Yes ☐ No

Have you instituted a legal suit or court action regarding this grievance? ☐ Yes ☐ No

SIGNATURE REQUIRED: *I certify under penalty of perjury, under the laws of the State of California that the information entered by me on this document is true and correct.*

Grievant's Printed Name

Grievant's Signature

Date

Authorized Representative Printed Name

Supervisor/Manager Signature

Date

LACDA Use Only: This form was completed on behalf of the grievant by the following LACDA ADA Representative/Coordinator:

Print Name: _____ Signature: _____ Date: _____

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