



Grievance Procedure Under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("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 Monte Rio Recreation & Park District. The District's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. 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.

A complainant is encouraged to file a grievance within 60 days of the date of becoming aware of any alleged discrimination or access violation. Failure to report an alleged violation within 180 days may impact the complainant's ability to redress his or her grievance. Grievances should be submitted to:

Marina McTaggart, District Administrator
ADA/Section 504 Coordinator
Monte Rio Recreation & Park District
20488 Hwy 116 – POB 877, Monte Rio, CA 95462
Email: administrator@mrrpd.org Phone: 707.865.2487 FAX: 707.865.0229

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Monte Rio Recreation & Park District and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or 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 to the MRRPD Board Chair or his/her designee.

Within 15 calendar days after receipt of the appeal, the Board Chair or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Board Chair 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.

All written complaints received by the ADA Coordinator or his/her designee, appeals to the Board Chair or his/her designee, and responses from these two offices will be retained by Monte Rio Recreation & Park District for at least three years.



**Americans with Disabilities Act 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/Section 504 Coordinator as indicated on this form.

1. Complainant _____
Address _____
City State Zip Code _____
Personal/Business Phones _____
2. Person discriminated against (if other than complainant) _____
Address _____
City State Zip Code _____
Personal/Business Phones _____
3. Department or person which you believe has discriminated (if known)
Name/Dept _____
Address _____
City State Zip Code _____
Personal/Business Phones _____
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 _____
6. If yes, what efforts have been taken and what is the status of the grievance?

7. 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 _____



8. If yes,
Agency or Court _____
Contact Person _____
Address _____
City State Zip Code _____
Phone Numbers _____
Date Filed _____

9. Do you intend to file with another agency or court? Yes____ No____
Agency or Court _____
Address _____
City State Zip Code _____
Phone Numbers _____

10. Additional comments or information:

11. Signature _____ Date _____

Return to:
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