



CITY OF CERES
ADA Grievance Procedure



The grievance procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone wishing to file a complaint alleging discrimination on the basis of disability in the provisions of services, activities, programs or benefits by the City of Ceres.

Written Complaint: The complaint should contain as much information as possible about the alleged discrimination. Information should include name, address, phone number of the complainant and location, date and a description of the problem(s). Alternative means of filing a complaint, such as personal interview or a tape recording of the complaint, assistance with filing on the City of Ceres Grievance Form, is available upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged discrimination to:

Daniel Padilla, City ADA Coordinator
2220 Magnolia Street
Ceres, CA 90201
Email: Daniel.Padilla@ci.ceres.ca.us
Phone: (209)538-5775

Meeting: Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator will schedule a meeting with the complainant to discuss the complaint and possible resolutions. After an investigation and review of the complaint, the ADA Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant. The response will explain his/her position on the issue and offer options for substantive resolution of the complaint.

Appeal: If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the City Manager.

After receiving the appeal, the City Manager or his designee will review the appeal and the ADA Coordinator finding. Within a reasonable period, after a review, the City Manager or his designee will respond in writing, or in a format that is accessible to the complainant, with a final resolution to the complaint.



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Date:	Phone of Grievant:
Name of Grievant:	Email of Grievant:
Address of Grievant:	
Name, Address and Phone of Alternate Contact Person:	
Department alleged to have denied access:	Date of denied access:
Location:	
Disability Statement - My disability is:	
This problem is: (Circle one) temporary permanent	
Please describe the particular way in which you believe you have been denied the benefits of any services, program or activity or have otherwise been subjected to discrimination. Attach any additional pages if necessary. Include a description of the way in which accommodation could be provided to allow access.	

Return this form to: Daniel Padilla, ADA Coordinator
2220 Magnolia Street Ceres, CA 95307
Email: Daniel.Padilla@ci.ceres.ca.us Phone: (209) 538-5775