



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 Shafter Recreation and 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:

Beverly Chambers ADA/Section 504 Coordinator
Shafter Recreation and Park District
700 E. Tulare Ave., Shafter CA 93263
Email: District@shafterrec.com

Phone: (661) 746-3303

Within 15 calendar days after receipt of the complaint, Beverly Chambers or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Beverly Chambers 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 Shafter Recreation and Park District and offer options for substantive resolution of the complaint.

If the response by Beverly Chambers 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 District Manager or his designee.

Within 15 calendar days after receipt of the appeal, the District Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the District Manager or his 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 Beverly Chambers or her designee, appeals to the District Manager or his designee, and responses from these two offices will be retained by Shafter Recreation and Park District for at least three years.

ADA 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 the 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 and Zip Code: _____
Telephone Number: _____

2. Person Discriminated Against (if other than the complainant): _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____

3. Department or person which you believe has discriminated (if known): _____
Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Date of when did the discrimination occur: _____

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 _____
If yes, what efforts have been taken and what is the status of the grievance?

6. 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 _____
If YES:
Agency or Court: _____
Contact Person: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____ Date Filed: _____

7. Do you intend to file with another agency or court?

YES _____ NO _____

If YES:

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

Beverly Chambers

ADA/Section 504 Coordinator

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