

CARMICHAEL RECREATION AND PARK DISTRICT

Grievance Procedure under The American 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 Carmichael Recreation and Park District (CRPD). The CRPD'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:

Mike Blondino, District Administrator ADA/Section 504 Coordinator Carmichael Recreation and Park District 5750 Grant Ave., Carmichael, CA 95608

email: mblondino@carmichaelpark.com Phone: (916) 485-5322

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

If the response by Mike Blondino or designee does not satisfactorily resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days after receipt of the response to the Advisory Board of Directors.

Within 15 calendar days after receipt of the appeal, the Advisory Board or designee

will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Advisory Board or 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 Mike Blondino or the designer, appeals to the Advisory Board of Directors or designee, and responses from these two offices will be retained by Carmichael Recreation and Park District for at least three years.



CARMICHAEL RECREATION AND PARK DISTRICT

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 the last page by email, fax, mail or in person. If you need 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: Home: Business:
2.	Person Discriminated Against: (if other than the complainant):
	Address:
	City, State, and Zip Code:
	Telephone: Home: Business:
3.	Division or person which you believe has discriminated (if known):
	Name:
	Address:
	City, State, and Zip Code:
	Telephone Number:
	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 the complaint? Yes No
	If yes: What efforts have been taken and what is the status of the grievance?

6.	las 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
	f 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
	Agency or Court:
	Address:
	City, State, and Zip Code:
	Telephone Number:
8.	Additional comments or information:

Return to:

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