



LIVERMORE AREA RECREATION AND PARK DISTRICT

4444 East Avenue, Livermore CA 94550

Making Memories, Changing Lives.

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 provisions of services, activities, programs, or benefits by the Livermore Area Recreation and Park District (District). The District's Personnel Policy governs employee-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 tape recordings 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:

Fred Haldeman, ADA/Section 504 Coordinator
Livermore Area Recreation and Park District
4444 East Avenue, Livermore CA 94550
Phone: (925)373-5711 / Email: fhaldeman@larpd.org

Within 15 calendar days after receipt of the complaint, Fred Haldeman or his designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, Fred Haldeman or his 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 Livermore Area Recreation and Park District and offer options for substantive resolution of the complaint.

If the response by Fred Haldeman or his 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 General Manager or his designee.

Within 15 calendar days after receipt of the appeal, the General Manager or his designee will meet with the complainant to discuss the complaint and possible resolution. Within 15 calendar days after the meeting, the General 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 Fred Haldeman or his designee, appeals to the General Manager or his Designee, and responses from these two offices will be retained by the Livermore Area Recreation and Park District for at least three years.



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**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 this form to Fred Haldeman, ADA/Section 504 Coordinator by email, in person, or mailed; return addresses are located on the last page of this form. If you need an accommodation to complete or submit this form, please contact Fred Haldeman at (925)373-5711.

1. Complainant: _____ Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

2. Person Discriminated Against (if other than Complainant): _____
Address: _____ City: _____
State: _____ Zip: _____ Business: _____
Email: _____ Phone: _____

3. Department or person which you believe has discriminated (if known):
Name: _____ Date of Discrimination: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

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: _____ Date Filed: _____
Contact Person: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

7. Do you intend to file with another agency or court? Yes ___ / No ___

If Yes, Agency or Court: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

8. Additional comments or information: _____

Signature: _____ Date: _____

Return To:

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