

Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA")/Section 504 of the Rehabilitation Act 1973 (Section 504). 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 City of Manteca. The City's Personnel Policy governs employment-related complaints of disability discrimination.

The grievance should be in writing and contain information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. Written grievances should be signed by the grievant or his/her/their authorized representative. Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance, will be made available for persons with disabilities upon request.

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

Stephanie Van Steyn
ADA/504 Coordinator
City of Manteca
1001 W Center Avenue
Manteca, CA 95337

Phone: (209) 456-8700
Fax: (209) 923-9870
Email: ada@manteca.gov
TTY: California Relay at 7-1-1

Within 15 calendar days after receipt of the grievance, Stephanie Van Steyn or her designee will contact the grievant to discuss the grievance and the possible resolutions. Within 15 calendar days of the discussion Stephanie Van Steyn or her designee will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of the City of Manteca and offer options for substantive resolution of the grievance.

If the response by Stephanie Van Steyn or her designee does not satisfactorily resolve the issue, the grievant and/or his/her/their designee may appeal the decision within 15 calendar days after receipt of the response to Toni Lundgren, City Manager, or her designee.

Within 15 calendar days after receipt of the appeal, City Manager or designee will contact the grievant to discuss the grievance and possible resolutions. Within 15 calendar days after the discussion, the City Manager or designee will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance.

All written grievances received by Stephanie Van Steyn or her designee, appeals to Toni Lundgren or her designee, and responses from these two offices will be retained by the City 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 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/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. Department 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 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 _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

Stephanie Van Steyn
ADA/504 Coordinator
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Manteca, CA 95337

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