

# County of Riverside

## ADA Complaint Resolution Procedure

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This Complaint Resolution Procedure is established to meet the requirements of the Americans with Disabilities Act. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits by the County of Riverside.

The complaint should be in writing and contain information about the alleged discrimination such as

- name,
- address,
- phone number of complainant

and

- location,
- date,
- 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.

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 violation to:

County of Riverside – Human Resources  
Disability Access Coordinator  
P.O. Box 1569  
Riverside, CA 92502

Main (951) 955-0811  
TTY (951) 955-8688  
FAX (951) 955-9816

Within 30 calendar days after receipt of the complaint, the Disability Access Coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the Disability Access Coordinator 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 County of Riverside and if appropriate, offer options for substantive resolution of the complaint.

If the response by the Disability Access Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the Disability Access Coordinator within 15 calendar days after the receipt of the response to the Assistant CEO/Director of Human Resources for the County of Riverside or his/her designee.

Within 15 Calendar days after receipt of the appeal, the Assistant CEO/Human Resources Director or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting the Assistant CEO/Human Resources Director or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

If the ADA complaint is not resolved by the above internal process, the complainant will be referred to the appropriate Federal agency for assistance.

All written complaints received by the Disability Access Coordinator, appeals to the Assistant CEO/Human Resources Director or his/her designee and responses from the Disability Access Coordinator and Assistant CEO/Human Resources Director will be kept by the County of Riverside for at least three years.

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## ADA Complaint Resolution Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Department name and location:  
\_\_\_\_\_

Relationship to Department:

- Employee (position) \_\_\_\_\_
- Visitor
- Consumer/Client
- Applicant
- Resident
- Other (specify) \_\_\_\_\_

Description of disability (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of problem: \_\_\_\_\_  
Statement of complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action are you requesting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature date

Received by: \_\_\_\_\_  
Signature date