



Government Relations & Public Affairs Committee

February 27, 2014

Adopt SACOG Americans with Disabilities Act (ADA) Grievance Procedures and Notice

Issue: Should SACOG establish and publish Grievance Procedures and post a notice of compliance with Title II of the ADA?

Recommendation: That the Government Relations & Public Affairs Committee recommends that the Board of Directors approve, by resolution, a SACOG ADA Grievance Procedure and Notice to meet the requirements of the Americans with Disabilities Act (ADA).

Discussion: Title II of the Americans with Disabilities Act (ADA) and its implementing regulations require that all public entities with 50 or more employees establish and publish an ADA Grievance Procedure, including appointing an ADA Coordinator(s), and publishing an ADA Notice.

SACOG has developed the attached ADA Grievance Procedure and Notice. To prepare the Grievance Procedure and Notice, SACOG reviewed the U.S. Department of Justice ADA Title II technical assistance manual which lays out the operational requirements for state and local government programs and services. SACOG is appointing two staff members with knowledge of the Americans with Disabilities Act as the ADA Coordinators for the agency.

The ADA Grievance Procedure and Notice fulfill the Title II requirements that SACOG must follow and allows all persons, including those with disabilities, to be assured that they will have meaningful access to SACOG's programs and services. Staff are continuing to work on a required SACOG ADA Title II Self/Agency Evaluation, which will come before the Committee at a future meeting.

Approved by:

Mike McKeever
Chief Executive Officer

MM:BVB:ef

Attachments

Key Staff: Erik Johnson, Government Affairs Team Manager, (916) 340-6247
Sharon Sprowls, Senior Program Specialist, (916) 340-6235
Barbara VaughanBechtold, Associate Planner, (916) 340-6226

Americans with Disabilities Act of 1990

This program reflects the commitment by the Sacramento Area Council of Governments (SACOG) to comply with Title II of the Americans with Disabilities Act of 1990 (ADA) and to ensure that no person shall, on the basis of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by SACOG.

Information in another language may be obtained by using the Google Translator function on this page, or by calling (916) 321-9000 or (916) 321-9550 for TDD/TTY.

Si necesita información en otro idioma, favor de utilizar el traductor de Google en esta página o de llamar al (916) 321-9000 o al (916) 321-9550 para servicio de TDD/TTY.

如需要另一種語言的資料，可使用此頁面上的谷歌翻譯功能，或致電 (916) 321-9000 或 (916) 321-9550 TDD/TTY。

SACOG Non-Discrimination Policy:

It is SACOG's policy to comply with state and federal laws and regulations including Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990 (ADA) and other federal discrimination laws and regulations, as well as the Unruh Civil Rights Act of 1959, the California Fair Employment and Housing Act, and other California State discrimination laws and regulations. SACOG does not discriminate on the basis of race, color, sex, creed, religion, national origin, age, marital status, ancestry, medical condition, disability, sexual orientation or gender identity in conducting its business. SACOG prohibits discrimination by its employees, contractors and consultants.

SACOG ADA GRIEVANCE PROCEDURE

As an agency serving the public, SACOG is required to comply with Title II of the Americans with Disabilities Act of 1990 (ADA) and ensure that services and benefits are provided on a non-discriminatory basis. SACOG has implemented this Grievance Procedure to meet the requirements of the Americans with Disabilities Act of 1990 (ADA), which outlines a process for local disposition of ADA complaints and is consistent with guidelines found in the Federal Department of Justice Rules effective March 15, 2011.

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 Sacramento Area Council of Governments (SACOG). All complaints, requests for reconsideration, and appeals will be retained by SACOG for at least seven years. SACOG's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint procedure has five steps, outlined as follows:

1. **Submission of Complaint:** Any person who feels that he or she, individually, or as a member of any class of persons, on the basis disability status has been excluded from or denied the benefits of, or subjected to discrimination under any program or activity through SACOG may file a written Complaint with SACOG's ADA Coordinator either on-line or in hard copy. Such Complaint must be filed within 180 calendar days after the date the person believes the discrimination occurred. Alternative means of filing a Complaint will be made available to people with disabilities:
 - o SACOG's ADA Grievance Form (Contains contact information for SACOG's ADA Coordinator).
 - o Formulario de Queja del ADA de SACOG [Incluye información sobre el coordinador de ADA para SACOG].

2. **Referral to Review Officer:** Upon receipt of a Complaint, the ADA Coordinator shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the Complaint, in consultation with SACOG Legal Counsel. The staff review officer(s) shall complete their review no later than 60 calendar days after the date SACOG received the Complaint. If more time is required, the ADA Coordinator shall notify the Complainant of the estimated time-frame for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the Complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to SACOG's processes relative to the ADA, as appropriate. The staff review officer(s) shall forward their recommendations to the ADA Coordinator, for concurrence. If s/he concurs, s/he shall issue SACOG's written response to the Complainant (or, where appropriate, in a format accessible to the Complainant, such as large print, Braille, or audio tape).

3. **Request for Reconsideration:** If the Complainant disagrees with SACOG's response, he or she may request reconsideration by submitting the request, in writing, to the SACOG Chief Executive Officer within 10 calendar days after its receipt. Alternative means of filing a request for reconsideration will be available to people with disabilities who require such an alternative. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the ADA Coordinator or staff review officer(s). The Chief Executive Officer will notify the Complainant of his or her decision either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Chief Executive Officer agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2, above. Submissions to the Chief Executive Officer shall be addressed as follows:

Chief Executive Officer
SACOG
1415 L Street, Suite 300
Sacramento, CA 95814

4. **Appeal:** If the request for reconsideration is denied, the Complainant may appeal the Chief Executive Officer's response to the Complaint by submitting a written appeal (or, where appropriate, in a format accessible to the Complainant) to the SACOG Board of Directors no later than 10 calendar days after receipt of the Chief Executive Officer's written decision rejecting reconsideration. Submissions to the Board of Directors shall be addressed as follows:

Chair, Board of Directors
SACOG
1415 L Street, Suite 300
Sacramento, CA 95814

5. **Submission of Complaint to the Federal Transit Administration:** The Complaint may also file a complaint directly with the U.S Department of Justice at U.S. DOJ, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section – 1425 NYAV, Washington, D.C. 90530 or (202) 307-1197 or ADA.complaint@usdoj.gov.



NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the Sacramento Area Council of Governments (SACOG) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: SACOG does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: SACOG will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in SACOG's programs, services, and activities, in order to make information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: SACOG will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of SACOG, should contact the office of the SACOG ADA Coordinator at:

ADA Coordinator
SACOG
1415 L Street, Suite 300 (3rd Floor)
Sacramento, CA 95814
(916) 321-9000
ADA-Coordinator@sacog.org;

As soon as possible but no later than 72 hours before the scheduled event.

The ADA does not require SACOG to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of SACOG is not accessible to persons with disabilities should be directed to the SACOG ADA Coordinator under the SACOG ADA Grievance Procedure. This Grievance Procedure is available on the SACOG website at: www.sacog.org/involved/ADA.

SACOG will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable accommodations.



**Sacramento Area Council of Governments (SACOG) Americans with Disabilities Act (ADA)
Grievance Form**

Grievances must be filed within 180 days of the alleged act of discrimination.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements? Check all that apply.	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Other
Section II:				
Are you filing this grievance on your own behalf?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing this grievance:				
Please explain why you are filing for this person:				
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Section III				
Date of Alleged Discrimination (Month, Day, Year):				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.				

Section IV				
Have you previously filed an ADA grievance with this agency?	Yes		No	
Section V				
Have you filed a grievance with any other Federal, State or local agency, or with any Federal or State Court?	Yes		No	
If yes, check all that apply?		Federal Agency		State Agency
		Federal Court		Local Agency
		State Court		

You may attach any written materials or other information that you think is relevant to your grievance.

Please sign here: _____

Date: _____

Note - SACOG cannot accept your grievance without a signature.

Please print, scan and email your completed, signed form to ADA-Coordinator@sacog.org OR

Mail or fax your completed, signed form to:

ADA Coordinator
 Sacramento Area Council of
 Governments
 1415 L Street, Suite 300
 Sacramento, CA 95814
 Fax: (916) 321-9551



**Formulario de Queja del Americanos con Discapacidades Act (ADA) del
Concejo de Gobiernos del Área de Sacramento
(SACOG, por sus siglas en inglés)**

**Las quejas deben presentarse en un plazo menor a 180 días desde la
presunta acción de discriminación.**

Sección I:				
Nombre:				
Dirección:				
Teléfono (Hogar):		Teléfono (Trabajo):		
Dirección de correo electrónico:				
¿Requiere de formato accesible?		Letra grande		Cinta de audio
Marque las que apliquen:		TDD		Otro
Sección II:				
¿Está presentando esta queja en su propio nombre?	Sí*		No	
*Si respondió que Sí a esta pregunta, vaya a la Sección III.				
Si no, por favor proporcione el nombre y el parentesco de la persona por quien presenta esta queja:				
Por favor explique por qué está presentando la queja por esta persona:				
Por favor confirme que ha obtenido el permiso para quejarse por esta persona si está presentando la queja en nombre de él/ella.	Sí		No	
Sección III				
Fecha de la presunta discriminación (mes/día/año):				
Explique tan claramente como sea posible lo que ocurrió y por qué cree que fue discriminado. Describa a todas las personas que estuvieron involucradas. Incluya el nombre y los datos de contacto de la(s) persona(s) que le discriminaron (si los conoce) así como los nombres y la información de contacto de cualquier testigo.				

Sección IV				
¿Ha presentado antes una queja por el ADA en esta agencia?	Sí		No	
Sección V				
¿Ha presentado una queja con cualquier otra agencia local, estatal o federal, o ante cualquier corte estatal o federal?	Sí		No	
Si es así, marque las que apliquen.		Agencia federal		Agencia estatal
		Corte federal		Agencia local
		Corte estatal		

Puede incluir cualquier material por escrito u otra información que considere relevante para su queja.

Firma:

Fecha:

 Nota – SACOG no puede aceptar su queja sin una firma.

Favor de imprimir, escanear y enviar por correo electrónico el formulario completado y firmado a: ADA-Coordinator@sacog.org O

Envíe el formulario completado y firmado por correo o por fax a:

ADA Coordinator
 Sacramento Area Council of Governments
 1415 L Street, Suite 300
 Sacramento, CA 95814
 Fax: (916) 321-9551

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