ADA ACCESS IN THE PUBLIC RIGHTS-OF-WAY

Grievance Procedure

Who May File

Any person with a disability who believes they have been the subject of disability-related discrimination on the basis of denial of access in the public rights-of-way. This grievance procedure covers access to sidewalks and streets, including crosswalks, curb ramps, street furnishings, pedestrian signals, and other components of public rights-of-way only.

Procedure

Step 1. Grievance Procedure & Form

Fill out the grievance form attached to this sheet with all the information requested. The grievance form shall be filed with the Department of Public Works within 30 calendar days of the alleged disability-related discrimination. Please contact Kelli Lacy at (916) 808-8157 or kelacy@cityofsacramento.org if you need assistance completing this form due to a disability. The grievance procedure and form may be obtained from the Department of Public Works web page and the following location:

Department of Public Works
915 “I” Street, Room 2000
Sacramento, CA 95814
(916) 808-8157
Step 2. An Investigation is Conducted

The complainant will be notified within 5 calendar days of the receipt of the grievance, and if necessary, Kelli Lacy or another authorized representative will contact the complainant directly to obtain additional facts or documentation relevant to the grievance.

Step 3. A Written Decision is Prepared and Forwarded to the Complainant

Kelli Lacy or another authorized representative shall prepare a written decision, after full consideration of the merits of the grievance, outlining the Department of Public Works course of action and expected timeline. This communication shall be sent to the complainant via postal or electronic mail and no later than 45 calendar days following the receipt of the grievance.

Step 4. Appeal to the City Manager

If the complainant is dissatisfied with the written decision, he or she may file a written appeal with the City Manager (915 “I” Street, Room 5000, Sacramento, CA 95814) no later than 15 calendar days of the date of the mailing of the decision. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the written decision, and must be signed by the complainant or by someone authorized to do so on the complainant's behalf. The City Manager or his/her representative will act upon the appeal no later than 30 calendar days after receipt, and a copy of the written decision shall be forwarded to the complainant no later than five working days after preparation of the decision.

The Department of Public Works shall maintain the confidentiality of all files and records relating to grievances filed, unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference, or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to Kelli Lacy.
ADA ACCESS IN THE PUBLIC RIGHTS-OF-WAY
Grievance Form

Name: ________________________________________________

Address: _____________________________________________

City: ___________________________ State: __________ Zip: ___________

Phone: (______)  ______________ Email: __________________________

Please provide a **complete** description of your grievance:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please specify the location of your grievance:

_________________________________________________________________

Please state what you think should be done to resolve the grievance:

_________________________________________________________________

Please attach additional pages as needed.

Signature: ___________________________ Date: _____________________

Please mail to: Kelli Lacy, Department of Public Works, 915 “I” St., Room 2000, Sacramento, CA 95814. You may also fax your form to (916) 808-8281 or send an e-mail to kelacy@cityofsacramento.org. If you require assistance in completing this form, please contact Kelli Lacy at (916) 808-8157.