



## CITY OF MILPITAS

Revision	Date
Original	11/16/2021

### CITY COUNCIL POLICY

<b>Policy No:</b> 1-5	<b>CITYWIDE AMERICAN WITH DISABILITIES ACT AND SECTION 504 COMPLAINT / GRIEVANCE POLICY AND PROCEDURE</b>	<b>Effective Date:</b> 11/16/2021
<b>Revision No:</b> N/A	<b>Policy Administrator:</b> Engineering	<b>Next Review Due:</b> As Needed
<b>Related Policies and Procedures:</b> N/A	<b>Approved by:</b> City Council, 11/16/2021, Item #8 taken off consent calendar, 4-0-1 vote (Dominguez, absent)	<b>Date Approved:</b> 11/16/2021

#### 1. PURPOSE

- 1.1. This Policy and Procedure is established to address concerns related to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act regarding the City of Milpitas' provision of services, activities, programs, or benefits for persons with disabilities.

#### 2. POLICY

- 2.1. The City requests that a complaint/grievance should be in writing when possible and contain information about the concern, such as name, address, and phone number of complainant and location, date, and description of the problem.
- 2.2. The City offers alternate means of filing complaints, such as personal interviews, virtual meetings, tape recording of the complaint, emails or other methods that are available for people with disabilities upon request from the ADA/504 Coordinator.
- 2.3. The City intends to resolve complaints expediently per the procedure below and may include in-person meetings with the ADA/504 Coordinator and, if an appeal is received, with the City Manager or designee.
- 2.4. The City responds in writing or by an accessible alternative method and, where appropriate, in a format accessible to the complainant, such as large print, Braille or audiotape. The response explains the position of the City of Milpitas and offer options for possible resolution of the complaint.
- 2.5. All complaints received by the ADA/504 Coordinator, appeals to the City Manager or its designee, and responses from the ADA/504 Coordinator and the City Manager or its designee are kept by the City for a period of at least three years.

#### 3. PROCEDURE(S)

- 3.1. Procedure to submit a complaint / grievance.
  - 3.1.1. The complainant and/or his/her designee should submit the complaint using the City's ADA /504Complaint/Grievance Form as soon as possible and no later than 60 days if the complaint is related to an incident to:



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### CITYWIDE AMERICAN WITH DISABILITIES ACT AND SECTION 504 COMPLAINT / GRIEVANCE POLICY AND PROCEDURE / POLICY # 1-5

#### **To submit a complaint:**

City of Milpitas  
Attention: ADA/504 Coordinator  
Engineering Department  
455 E. Calaveras Boulevard  
Milpitas, CA 95035  
408-586-3303  
[adacoordinator@ci.milpitas.ca.gov](mailto:adacoordinator@ci.milpitas.ca.gov)

#### **To appeal a response:**

City of Milpitas  
City Manager  
455 E. Calaveras Boulevard  
Milpitas, CA 95035  
408-586-3051  
[CityManagerOffice@ci.milpitas.ca.gov](mailto:CityManagerOffice@ci.milpitas.ca.gov)

- 3.1.2. The complaint should be in writing or an accessible alternate method to accommodate the complainant's disability and contain information about the concern, such as name, address, and phone number of complainant and location, date, and description of the problem.
- 3.2. Complaint Process:
  - 3.2.1. Within 15 calendar days after receipt of the complaint, the City's ADA Coordinator will contact the complainant to acknowledge receipt of the complaint and to discuss the complaint and possible resolutions. A shorter timeline may be implemented as appropriate by the City for time-sensitive complaints where it is critical to resolve the issue by a certain date.
  - 3.2.2. Within 30 calendar days after the initial contact, the ADA Coordinator will respond in writing or by an accessible alternate method and, where appropriate, in a format accessible to the complainant, such as large print, Braille or audiotape.
  - 3.2.3. The complainant and/or his/her designee may appeal the decision to the City Manager within 15 calendar days after receipt of the response from the ADA Coordinator, if the response by the ADA Coordinator does not satisfactorily resolve the issue.
  - 3.2.4. Within 15 calendar days after receipt of the appeal, the City Manager or its designee will meet with the complainant to discuss the complaint and possible resolutions.
  - 3.2.5. Within 15 calendar days after the meeting, the City Manager or its designee will respond in writing, and, where appropriate, in a format accessible to the complainant.



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#### ATTACHMENT A ADA / 504 COMPLAINT/GRIEVANCE FORM

The City of Milpitas assures that no person shall on the grounds of a disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service, or activity, as provided by Americans with Disabilities Act (ADA) that was signed into law on July 26, 1990. This form is also intended for complaints or grievances regarding Section 504 of the Rehabilitation Act (Section 504).

Any person(s) or organization(s) believing they have been or will be denied access to a City service, program or activity based on a disability may file a complaint with the City of Milpitas's Human Resources Department. Alternate accessible methods are available for persons with disabilities from the ADA/504 Coordinator.

Complaints and completed forms can be filed with the City of Milpitas ADA/504 Coordinator:

City of Milpitas  
Attention: Michael Silveira, ADA/504 Coordinator  
Engineering Department  
455 E. Calaveras Boulevard Milpitas, CA 95035  
408-586-3303, [adacoordinator@ci.milpitas.ca.gov](mailto:adacoordinator@ci.milpitas.ca.gov)

<b>Name:</b>			
<b>Address:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
<b>Email Address:</b>			
<b>Accessible Format Requirements?</b>	Large Print	Audio Tape	
	TDD	Other	
Are you filing this complaint on your own behalf?		Yes	No
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No



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Date of Incident (Month/Day/Year): \_\_\_\_\_

Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what efforts have been taken and what is the status of the complaint/grievance?

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What remedy or resolution do you desire?

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If your complaint is based on an incident, explain as clearly as possible what happened. Describe all persons who were involved. Include the name and contact information of the person(s) involved (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. If you are requesting an accommodation to submit the information requested on this form, please describe the accommodation that you are seeking.

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

Sign and date:

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Signature

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Date

Upon request, reasonable accommodations or assistance will be provided in completing the information request. Contact the ADA/504 Coordinator list on this form for assistance or alternate formats or methods to submit your compliant/grievance.