

**City of West Sacramento**  
**Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973**  
**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 West Sacramento. 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 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 designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Peter Ibrahim, ADA/504 Coordinator  
Capital Projects Department  
1110 West Capitol Avenue, First Floor  
West Sacramento, CA 95691  
[ada@cityofwestsacramento.org](mailto:ada@cityofwestsacramento.org)  
(916) 617-4831  
TTY: California Relay at 7-1-1

Within 15 calendar days after receipt of the grievance, Peter Ibrahim or his designee will contact the grievant to discuss the grievance and the possible resolutions. Within 15 calendar days of the discussion, Peter Ibrahim or his 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 West Sacramento and offer options for substantive resolution of the grievance.

If the response by Peter Ibrahim or his designee does not satisfactorily resolve the issue, the grievant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager [or other high-level member of City management], or his/her designee.

Within 15 calendar days after receipt of the appeal, the City Manager [or other high-level member of City management] or his/her designee will contact the grievant to discuss the grievance and possible resolutions. Within 15 calendar days after the discussion, the City Manager [or other high-level member of City management] or his/her 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 Peter Ibrahim or his designee, appeals to the City Manager [or other high level member of City management] or his/her designee, and responses from these two offices will be retained by the City for at least three years.

**City of West Sacramento**  
**Americans with Disabilities Act and 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, Peter Ibrahim at (916) 617-4831.

**1. Complainant Name:** \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**2. Name of Person Discriminated Against (if other than complainant):** \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**3. Department or Person you believe has discriminated (if known):** \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When and where did the discrimination occur? \_\_\_\_\_

**4. Describe the acts of discrimination. Please provide the name (s) of the individuals who discriminated (if known):**

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

**5. Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what efforts have been taken and what is the status?**

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

**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, please provide:

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: \_\_\_\_\_

Please Return to: Peter Ibrahim, ADA/504 Coordinator  
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