



**City of Morro Bay Administrative Directive**  
**AD2022-03**

**Subject: ADA Grievance Policy**

**Date Approved: October 25, 2022**

**Approved by: Scott Collins, City Manager**

**ADMINISTRATIVE DIRECTIVE**  
**ADA Grievance Policy**

**I. PURPOSE**

This policy has been created to assist the City of Morro Bay, hereinafter referred to as “City” to comply with the ADA, 28 CFT Part 35.107(b). The policy provides a procedure to be followed to respond to individuals, or a specific class of individuals, who wish to communicate a complaint alleging they have been subject to discrimination on the basis of disability by the City.

**II. DEFINITIONS**

- A. ADA: Americans with Disability Act of 1990.
- B. ADA Coordinator: Responsible employee with a working knowledge of the requirements of ADA and designated to coordinate the City’s efforts to comply with and carry out the City’s ADA responsibilities.
- C. CFR: Code of Federal Regulations.
- D. TDD: Telecommunications Device for the Deaf.

**III. CONFIDENTIALITY**

The ADA Coordinator maintains confidentiality with regard to complaints, consultations and mediations, unless disclosure is due to the requirements of litigation and court proceedings. If the disclosure of information to another person is necessary to proceed with an investigation, the complainant will be advised first and consulted on whether and/or how to proceed.

**IV. RETALIATION**

Retaliation against a person who files a complaint of discrimination or harassment, participates in an investigation of such a complaint, or opposes an unlawful employment practice is prohibited by Federal and California law and City policy. Anyone who believes she or he has been retaliated against for filing a complaint of discrimination or harassment is encouraged to report the retaliatory actions to the ADA Coordinator.

**V. PROCEDURE**

This Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. This procedure shall be liberally construed to protect the substantial rights of interested persons, to meet

appropriate due process standards, and to assure compliance with the ADA. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City. The City's personnel policy governs employment-related complaints of disability discrimination, and such complaints are not covered under this policy.

The City wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City's Grievance Form.

It is preferred that the formal grievance be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and 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. If additional accommodations are needed, please contact the ADA Coordinator. 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:

**Gregory Kwolek, ADA Coordinator**  
**955 Shasta Avenue, Morro Bay, CA 93442**  
**ADACoordinator@morrobayca.gov**  
**(805) 772-6564**  
**California Relay Service: dial 711**

Within 30 calendar days after receipt of the complaint, ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the ADA Coordinator or his/her designee 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 City and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Manager or his/her designee. If no response is received from the ADA Coordinator, the complainant may submit the original complaint to the City Manager within 20 days after the ADA Coordinator's response would have been due under this policy.

Within 30 calendar days after receipt of the appeal, the City Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the City Manager 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.

All written complaints received by the ADA Coordinator or his/her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City for at least three years.

**CITY OF MORRO BAY**

**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 last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Discriminated Against: (if other than the complainant): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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:

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: \_\_\_\_\_

Return to:

Attn: Gregory Kwolek ADA Coordinator  
955 Shasta Avenue, Morro Bay, CA 93442  
ADACoordinator@morrobayca.gov (805) 772-6564  
California Relay Service: dial 711

## REFERENCES

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107