

Sylvan Union School District

Complaint and Grievance Procedure under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act

The Complaint and Grievance 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. 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 the facilities owned by the Sylvan Union School District (SUSD). SUSD Board Policy 4030 governs employment-related complaints of disability discrimination.

SUSD wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A person can call with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing a ADA Access Request and Grievance Form.

If a person wants to file a formal grievance, the ADA Access Request and Grievance Form may be used. It is preferred that the grievance be in writing and contain information about the alleged discrimination such as name, address, and contact information of the grievant. A description of the problem that includes location and date is requested.

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 Assistant Superintendent of Human Resources.

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:

Didi Peterson
Assistant Superintendent
of Human Resources
 Sylvan Union School District
Phone: (209) 574-5000
FAX: (209) 524-2672

Within 15 calendar days after receipt of the complaint, the Assistant Superintendent of HR or his/her designee will make contact with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of making contact, SUSD's Assistant Superintendent of HR 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 SUSD and offer options for substantive resolution of the complaint.

If the response by the Assistant Superintendent of HR or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the SUSD's Superintendent of Schools or his/her designee.

Within 15 calendar days after receipt of the appeal, the Assistant Superintendent of HR or his/her designee will make contact with the complainant to discuss the complaint and any possible resolutions. Within 15 calendar days of making contact, the Assistant Superintendent of HR 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 SUSD's Assistant Superintendent of HR or his/her designee, appeals to the SUSD Superintendent of Schools or his/her designee, and their responses will be retained by the SUSD for at least three years.

A copy of SUSD's ADA/504 Self-evaluation survey and Transition Plans are available from the Assistant Superintendent of HR.

Sylvan Union School District

ADA Access Request and Grievance Form

Complete this form to do any of the following regarding an accessibility concern with any of the Sylvan Union School District's facilities, programs, services, or activities:

- Submit an access request;
- Express disability related concerns; or
- File a formal grievance.

To ensure your request is handled effectively and timely, please complete all fields.

Are you an individual with a disability?

YES NO

Are you the designated representative of an individual with a disability?

YES NO

Purpose of filing ADA Access Request Form:

Accommodation Request Formal Grievance Other _____

If you have a disability and therefore would like the Sylvan Union School District to contact you using an accessible format (e.g., large print, Braille, or audio recording), please specify:

Description of request or grievance (what is it; why is it a concern?)

*Additional space provided on back

Date of Occurrence: _____

Location: _____

Contact Information:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Preferred Contact Method: _____

Attachments: *See back*

For Internal Use:

Date Received: _____ *Received by:* _____

Continued: Description of request or grievance (what is it; why is it a concern?)

Please list any attachments:

Send your completed form to:

Didi Peterson
Assistant Superintendent
of Human Resources
Sylvan Union School District
605 Sylvan Avenue
Modesto, CA 95350
(209) 574-5000 Business
(209) 524-2672 Fax