

CITY OF LAGUNA NIGUEL ADA Nondiscrimination Notice

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), the City of Laguna Niguel will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Laguna Niguel does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The City of Laguna Niguel will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Laguna Niguel programs, services, and activities.

Modifications to Policies and Procedures: The City of Laguna Niguel will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the City of Laguna Niguel offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Laguna Niguel should contact the office of the program, service or activity coordinator as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Laguna Niguel to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Laguna Niguel is not accessible to persons with disabilities should be directed to:

Russell Narahara
ADA/504 Coordinator
30111 Crown Valley Parkway, Laguna Niguel, CA 92677
RNarahara@cityoflagunaniguel.org
(949) 362-4313
California Relay Service: dial 711

The City of Laguna Niguel will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

This notice is available in alternate formats from the ADA/504 Coordinator.

CITY OF LAGUNA NIGUEL ADA Complaint and Grievance Procedure

This 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 benefits by the City of Laguna Niguel. The City of Laguna Niguel's personnel policy governs employment-related complaints of disability discrimination.

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

It is preferred that the formal 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 also 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 ADA/504 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:

Russell Narahara
ADA/504 Coordinator
30111 Crown Valley Parkway, Laguna Niguel, CA 92677
RNarahara@cityoflagunaniguel.org
(949) 362-4313
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Within 15 calendar days after receipt of the complaint, the ADA/504 Coordinator or his/her designee will contact the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting the ADA/504 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 of Laguna Niguel and offer options for substantive resolution of the complaint.

If the response by the ADA/504 Coordinator 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 City Manager or his/her designee.

Within 15 calendar days after receipt of the appeal, the City Manager or his/her designee will contact the complainant to discuss the complaint and possible resolutions. Within 15 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 ACA/504 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 of Laguna Niguel for at least three years.

CITY OF LAGUNA NIGUEL

**Americans with Disabilities Act
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/504 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: Russell Narahara
ADA/504 Coordinator
30111 Crown Valley Parkway, Laguna Niguel, CA 92677
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REFERENCES

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