

COUNTY OF SANTA CRUZ

AMERICANS WITH DISABILITIES ACT - TITLE II COMPLIANCE PROGRAM FORMAL COMPLAINT INSTRUCTIONS

As a constituent of the County of Santa Cruz you have the right to access to services, programs and/or activities regardless of your mental or physical abilities. The Board of Supervisors have adopted policies prohibiting discrimination which protect all individuals, from discrimination on the basis of a disability as defined under the Americans with Disabilities Act of 1990.

If you believe that you have been discriminated against, you can file a complaint with the department providing the service, program or activity or the County's Equal Employment Opportunity Office. PLEASE NOTE THERE ARE SPECIFIC TIME DEADLINE REQUIREMENTS THAT MUST BE MET. These are listed below.

If, after talking to the department representative, you feel you want to pursue your complaint, it will be necessary for you to fill out a formal ADA Complaint Form (PER4003). This form is the beginning phase of the complaint resolution process and is intended to assist us in identifying all relevant issues in your complaint.

Complaint investigations shall be initiated within 5 working days after being received by the Equal Employment Opportunity Office. All required discussions with affected parties will be held in privacy. Confidentiality will be afforded all parties as far as is practical.

If you file a complaint form and wish to add supplemental information during the investigation, you can do so verbally, by telephone or by written communication.

If you have any further questions, you can call the Equal Employment Opportunity Office at 454-2958.

COMPLAINT FILING DEADLINE REQUIREMENTS

The chart below shows the filing and response deadlines for the Discrimination Complaint process.

	Deadline
	<u>Example</u>
Incident	Day 1 May 1st
Informal Resolution with department	Day 1 through Day 60
Formal complaint to department	within 60 calendar days July 1st
Response from Dept Head	within 45 calendar days Aug 15th
Formal complaint to the EEO	within 15 calendar days Aug 30th
Response from the EEO	within 30 calendar days Sept 30th
Appeal to the CAO	within 7 calendar days Oct 7th
Final decision published	within 60 calendar days Dec 6th

Note: Dates shown are absolute maximums. Where the deadlines have not been met the complainant may proceed to the next step. The complainant will receive a notice when a complaint is not timely.

You may file a complaint with the US Department of Justice (DOJ) instead of or in addition to your complaint using this procedure. If you need additional assistance or if you have questions that you would like to discuss with a Federal and/or State agency, please contact:

FEDERAL

United States Department of Justice (DOJ)

San Jose Area Office
U.S. Courthouse & Federal Building
280 South First Street, Suite 4150
San Jose, CA 95113
(408) 291-7352

STATE

State of CA, Department of Fair Employment and Housing (DFEH)

San Jose Office
111 North Market Street #810
San Jose, CA 95113
(408) 277-1264 or 1-800-884-1684

SANTA CRUZ COUNTY

To submit your complaint to the County, you may mail it to the department responsible for the program, service or activity where you have a concern OR you may mail it to Personnel: Attention Equal Employment Opportunity Office/ADA Compliance Monitor, 701 Ocean St., Room 306, Santa Cruz, CA 95060. You may also submit your complaint in person at this address.

COUNTY OF SANTA CRUZ
AMERICANS WITH DISABILITIES ACT - TITLE II COMPLIANCE PROGRAM
FORMAL COMPLAINT FORM

NAME: _____

DAY TIME CONTACT PHONE: _____

ADDRESS: _____

BASIS OF COMPLAINT:

Date of incident (Complaint must be filed within 60 calendar days): _____

What program, service or activity of the County of Santa Cruz is denying you access under ADA provisions? _____

What harm, if any, was caused to you as a result of that action? Attach additional sheets and documents as needed.

I have previously reported my concerns to:

Name, department of County representative:

What action would resolve this complaint to your satisfaction?

I certify that the information supplied is pursuant to a complaint of discrimination and represents the substance of my complaint. I authorize the investigating official access to any personnel files kept on me. Information is true and correct to the best of my knowledge.

Complainant Name: (PRINT) Signature: Date:

-----FOR EQUAL EMPLOYMENT OPPORTUNITY OFFICE USE ONLY -----

----Investigation findings and recommendations:

COMPLAINT RESOLUTION DEADLINES

Date of alleged act: _____
Date of initial contact with the County: _____
Date of formal complaint to Department Head: (60 calendar days*) _____
Date of response from Appointing Authority (45 calendar days): _____
Date of appeal to the Equal Employment Opportunity Office (15 calendar days*): _____
Date of report of Equal Employment Opportunity Office (30 calendar days): _____

INVESTIGATING OFFICIAL: I certify that I have investigated the allegations of this complaint.

*This complaint WAS / WAS NOT filed in a timely manner.

I FIND / DO NOT FIND reasonable cause to believe that discrimination based on _____
has occurred. Report is attached. This finding has been coordinated with County Counsel.

Investigating Official (PRINT): Signature: Date:

County Counsel Review (PRINT): Signature: Date:

COMPLAINANT ACKNOWLEDGMENT: I acknowledge that the results of the above investigation have been discussed with me. I accept the findings and recommendations as presented herein, except as noted in my response attached. I have been informed of my rights to file in federal and State offices.

Complainant Name: (PRINT) Signature: Date:

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