



C.V. Starr Community Center

Sigrid & Harry Spath Aquatic Facility

300 South Lincoln Street
Fort Bragg, CA 95437
707-964-9446
Fax 707-964-1813
www.cvstarr.org

C. V. STARR COMMUNITY CENTER Grievance Procedure under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). 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 C. V. Starr Community Center. The Center's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should 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.

A complainant is encouraged to file a grievance within 60 days of the date of becoming aware of any alleged discrimination or access violation. Failure to report an alleged violation within 180 days may impact the complainant's ability to redress his or her grievance. Grievances should be submitted to:

Kimberly Ramey ADA/Section 504 Coordinator

C. V. Starr Community Center

300 S. Lincoln Street, Fort Bragg CA 95437

Email: kramey@mcrpd.us

Phone: (707)964-9446 ext. 105

FAX: (707) 964-1813

Within 15 calendar days after receipt of the complaint, Kimberly Ramey or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Kimberly Ramey or 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 C. V. Starr Community Center and offer options for substantive resolution of the complaint.

If the response by Kimberly Ramey or 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 Center Manager or their designee.

Within 15 calendar days after receipt of the appeal, the Center Manager or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Center Manager or their 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 Kimberly Ramey or her designee, appeals to the Center Manager or their designee, and responses from these two offices will be retained by C. V. Starr Community Center for at least three years.

**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/Section 504 Coordinator as indicated on this form.

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:

4. 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:

Kimberly Ramey

ADA/Section 504 Coordinator

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