Placer County Office of Education

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 Placer County Office of Education (PCOE). PCOE Board Policy 4030 governs employment-related complaints of disability discrimination.

PCOE 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 an 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 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:

James L. Anderberg
Chief Operations Officer and ADA Coordinator
Placer County Office of Education
Email: janderberg@placercoe.k12.ca.us
Phone: (530) 889-5988
FAX: (866) 306-3680

Within 15 calendar days after receipt of the complaint, the ADA Coordinator 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, PCOE’s 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 PCOE 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 15 calendar days after receipt of the response to the Placer County Superintendent of Schools or his/her designee.

Within 15 calendar days after receipt of the appeal, the ADA Coordinator 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 ADA Coordinator 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 PCOE’s ADA Coordinator or his/her designee, appeals to the Placer County Superintendent of Schools or his/her designee, and their responses will be retained by the PCOE for at least three years.

A copy of PCOE’s ADA/504 Self-evaluation survey and Transition Plans are available from the ADA Coordinator.

Approved: April 14, 2016
Complete this form to do any of the following regarding an accessibility concern with any of the Placer County Office of Education’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 Placer County Office of Education 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?)

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Please list any attachments:

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Send your completed form to:
James L. Anderberg, ADA Coordinator
Placer County Office of Education
360 Nevada Street, Auburn, CA  95603
janderberg@placercoe.k12.ca.us
530.889.5905 Business
(886) 306-3680 Fax

Approved April 14, 2016