CITY OF BISHOP

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, City of Bishop will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: City of Bishop 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: City of Bishop 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 Bishop programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: City of Bishop 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 Bishop 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 Bishop should contact ADA Coordinator Elaine Kabala at (760) 873-8458 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require City of Bishop 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 City of Bishop is not accessible to persons with disabilities should be directed to:

Elaine Kabala, ADA Coordinator
City of Bishop - 377 West Line Street, Bishop, California 93514
ekabala@cityofbishop.com
(760) 873-8458
California Relay Service: dial 711

City of Bishop 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 Coordinator.

CITY OF BISHOP

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 Bishop. City of Bishop's Personnel Policy governs employment-related complaints of disability discrimination.

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

It is preferred that the formal grievance 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. 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:

Elaine Kabala, ADA Coordinator
City of Bishop - 377 West Line Street, Bishop, California 93514
ekabala@cityofbishop.com
(760) 873-8458
California Relay Service: dial 711

Within 30 calendar days after receipt of the complaint, ADA Coordinator Elaine Kabala or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting ADA Coordinator Elaine Kabala 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 City of Bishop and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator Elaine Kabala or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Administrator or his/her designee.

Within 30 calendar days after receipt of the appeal, the City Administrator or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the City Administrator 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 ADA Coordinator Elaine Kabala or her designee, appeals to the City Administrator or his/her designee, and responses from these two offices will be retained by the City of Bishop for at least three years.

CITY OF BISHOP

Americans with Disabilities Act and
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 Coordinator.

1. Complaintant:_____
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:

Elaine Kabala, ADA Coordinator
City of Bishop
377 West Line Street
Bishop, California 93514
Email: ekabala@cityofbishop.com
Telephone: (760) 873-8458
California Relay Service: dial 711

REFERENCES

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