



## GRIEVANCE PROCEDURE OF THE CITY AND COUNTY OF SAN FRANCISCO FOR COMPLAINTS ARISING UNDER TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

The City and County of San Francisco has adopted a grievance procedure providing for prompt and equitable resolution of complaints alleging noncompliance with the Americans with Disabilities Act of 1990.

### **I. CITY FACILITIES, PROGRAMS, SERVICES OR ACTIVITIES**

Complaints concerning access to City facilities, programs, services or activities should be addressed to the Mayor's Office on Disability:

ADA Compliance Officer  
Mayor's Office on Disability  
1155 Market Street, 1<sup>st</sup> Floor  
San Francisco, CA 94103  
Voice: 415.554.6789  
Fax: 415.554.6159

TTY: 415.554.6799

Email: MOD@sfgov.org

- A. A complaint may be filed in writing or, when requested as an accommodation, in another format (including by telephone) that accommodates the complainant's disability. The complaint should provide the complainant's name, address and phone number, a detailed description of the incident or condition, the location, date and time of the incident.
  
- B. Upon receipt of a complaint, the Mayor's Office on Disability will provide the appropriate department ADA Coordinator with a copy of the complaint. The departmental ADA Coordinator will then conduct an investigation. The departmental ADA Coordinator may seek assistance of the Mayor's Office on Disability and the City Attorney in investigating and responding to the complaint.  

These rules contemplate informal but thorough investigations that afford the complainant a thorough review and appropriate response.
  
- C. Within thirty (30) business days of the receipt of the complaint, a written draft response will be sent to the Mayor's Office on Disability prior to the final copy, signed by the departmental ADA Coordinator and department head, being sent to the complainant.

- D. The Mayor's Office on Disability will maintain a file relating to each complaint and the response thereto and will maintain that file for five years.
- E. The complainant can request reconsideration of the complaint if he or she is dissatisfied with the resolution. The request for reconsideration should be addressed to the Mayor's Office on Disability in writing, or in an alternative format accessible to the complainant, within ten (10) business days of the issuance of the City's response to the complaint.
- F. The Mayor's Office on Disability will inform the departmental ADA Coordinator of this reconsideration request and the departmental ADA Coordinator will respond to the request for reconsideration within fifteen (15) business days of receiving the request. The departmental ADA Coordinator's response must be approved by the Mayor's Office on Disability prior to being sent to the complainant. The departmental ADA Coordinator will forward a copy of the approved response to the request for reconsideration to the Mayor's Office on Disability.
- G. These rules will be construed to protect the substantive rights of the complainant and assure that the City and County of San Francisco complies with Section 504 and the ADA and their implementing regulations.

## **II. EMPLOYMENT**

Complaints alleging discrimination against applicants or employees on the basis of disability should be addressed to:

Director, Department of Human Resources  
Attention: Equal Employment Opportunity Division  
One South Van Ness Avenue, 4th Floor  
San Francisco, CA 94103  
415.557.4800 Voice; 415.557.4900 Helpline

**For additional information, please contact:**

**Mayor's Office on Disability**

1155 Market Street, 1<sup>st</sup> Floor  
San Francisco, CA 94103

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415.554.6799 TTY

415. 554.6159 Fax

[MOD@sfgov.org](mailto:MOD@sfgov.org) Email