



*SMRPD's Mission Statement - "To promote community well being through programs and activities that protect, preserve and enrich the canyons' heritage, open space and unique way of life."*

P.O. Box 8, Silverado California 92676 • [www.smrpd.org](http://www.smrpd.org)

## **SILVERADO MODJESKA RECREATION AND PARK DISTRICT 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 Silverado Modjeska Recreation and Park District. The District'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:

**Silverado Modjeska Recreation and Park District  
Attention: Administrator  
Post Office Box 8  
Silverado, CA 92676  
Email: [contact-us@smrpd.org](mailto:contact-us@smrpd.org)**

Within 15 calendar days after receipt of the complaint, the Chair of the Facilities Committee of the SMRPD board or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Chair of the Facilities Committee of the SMRPD board or their 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 Silverado Modjeska Recreation and Park District and offer options for substantive resolution of the complaint.

If the response by the Chair of the Facilities Committee of the SMRPD board or their designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days.

Within 15 calendar days after receipt of the appeal, the President of the SMRPD board or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the President of the SMRPD board 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 the SMRPD board or their designees, appeals, and responses from their offices will be retained by Silverado Modjeska Recreation and Park District for at least three years.



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**SILVERADO MODJESKA RECREATION AND PARK DISTRICTION  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADA/Form 3 - Grievance Form

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:  
**Silverado Modjeska Recreation and Park District**  
**Attention: Administrator**  
**Post Office Box 8**  
**Silverado, CA 92676**  
**Email: [contact-us@smrpd.org](mailto:contact-us@smrpd.org)**