

# City of Calistoga Staff Report

**TO:** Honorable Mayor and City Council

**FROM:** Michael Kirn, Public Works Director/City Engineer

**DATE:** January 3, 2017

**SUBJECT:** Consideration of Resolution Approving Policies, Procedures and Forms for Compliance with the 1990 American’s With Disabilities Act and Appointing the City Manager or Designee as the Primary ADA Coordinator.

---

**APPROVAL FOR FORWARDING:**

---

Dylan Feik, City Manager

---

1 **ISSUE:** Consideration of a Resolution approving policies, procedures and forms for  
 2 Compliance with the 1990 American’s With Disabilities Act and Appointing the City  
 3 Manager or Designee as the Primary ADA Coordinator.

4  
 5 **RECOMMENDATION:** Adopt Resolution.

6  
 7 **BACKGROUND/DISCUSSION:** In 1990 the Federal Government adopted the  
 8 American’s With Disabilities Act (ADA) which sets forth certain obligations and  
 9 responsibilities to ensure non-discrimination against individuals with disabilities.  
 10 These obligations are comprehensive in nature and address hiring practices,  
 11 providing reasonable accommodations for employees and the public, adopting  
 12 grievance and procedures, and forms for requesting reasonable accommodation,  
 13 filing of grievances and citizen complaints, and appointing an ADA Coordinator to  
 14 coordinate the efforts of the City to comply with Title 24 and all other applicable  
 15 State and Federal physical and program accessibility requirements.

16  
 17 The recommended resolution approves and adopts the following policies,  
 18 procedures, form and appointment:

- 19  
 20
- ADA Grievance Form and Instructions for Submittal

- 21 • Policy on Reasonable Accommodation and Request Form for Reasonable
- 22 Accommodation
- 23 • Citizen Accessibility Complaint Form
- 24 • Appoints the City Manager, or Designee, as the City's ADA Coordinator
- 25

26 **ENVIRONMENTAL ANALYSIS:** The adoption of the recommended resolution is  
27 general policy and procedure and is not a Project under CEQA. Section 15378(b)  
28 (2) of CEQA provides that a "...Project does not include: Continuing administrative  
29 or maintenance activities such as ...general policy and procedure making."  
30

31 **FISCAL IMPACT:** There will be no impact to the General Fund. All administrative  
32 duties associated with the recommended resolution will be incorporated into the  
33 regular work activities of existing staff. Failure to implement the recommended  
34 policies, procedures and associated forms could result in the City being ineligible for  
35 certain state and federal funding such as CDBG, road and bridge grant funding, and  
36 FEMA and CalOES grants.  
37

38 **ATTACHMENT:**

- 39 1. Resolution with Attachments

**RESOLUTION 2017- XXX**

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CALISTOGA, COUNTY OF NAPA, STATE OF CALIFORNIA, APPROVING POLICIES, PROCEDURES AND FORMS FOR COMPLIANCE WITH THE 1990 AMERICAN'S WITH DISABILITIES ACT and APPOINTING THE CITY MANAGER OR DESIGNEE AS THE PRIMARY ADA COORDINATOR**

**WHEREAS**, the American's With Disabilities Act (ADA) became Federal Law in 1990; and

**WHEREAS**, the ADA requires jurisdictions to adopt policies and procedures to receive and process grievances, citizen complaints, requests for reasonable accommodation, and appoint an ADA Coordinator to coordinate the efforts of the City of Calistoga to comply with Title 24 and all other applicable State and Federal physical and program accessibility requirements; and

**WHEREAS**, the City of Calistoga has reviewed the Comprehensive Self-Evaluation ADA Access and Transition Plan prepared by Coastland Engineering and adopted on February 26, 2008; and

**WHEREAS**, the City of Calistoga continues to remove accessibility barriers and develop inclusive programs to allow all persons to seek employment and participate in community activities and programs.

**NOW, THEREFORE BE IT RESOLVED** that the City Council of the City of Calistoga hereby approves and adopts the policies, procedures and forms contained as attachments to this Resolution and directs staff to make them available to all employees and the general public.

**BE IT FURTHER RESOLVED** that the City Manager, or Designee, is appointed as primary ADA Coordinator for the purposes of coordinating the efforts of the City of Calistoga to comply with Title 24 and all other applicable State and Federal physical and program accessibility requirements.

**PASSED, APPROVED, AND ADOPTED** by the City Council of the City of Calistoga at a regular meeting held this **3<sup>rd</sup> day of January, 2017**, by the following vote:

- AYES:**
- NOES:**
- ABSTAIN:**
- ABSENT:**

\_\_\_\_\_  
**CHRIS CANNING, Mayor**

**ATTEST:**

\_\_\_\_\_  
**KATHY FLAMSON, City Clerk**

## **City Of Calistoga ADA Grievance Procedure, Request for Reasonable Accommodation Policy and Form, and Citizen Accessibility Complaint Form**

On January 3, 2017 by Resolution No. 2017- XXXXXX the City Council of the City of Calistoga has approved and accepted the policies, procedures and forms as set forth in this document titled City Of Calistoga ADA Grievance Procedure, Request for Reasonable Accommodation Policy and Form and Citizen Accessibility Complaint Form.

### **ADA Coordinator**

The City of Calistoga has designated the City Manager as its primary ADA Coordinator, or designee and the Public Works Director as the ADA Liaison Officer for coordination with federal and state aided projects. The ADA Coordinator, or designee, or designee, is responsible for coordinating the efforts of the City to comply with Title II, for investigating any grievances or complaints that the City has violated Title II of the ADA, for processing requests for reasonable accommodation, and investigating citizen complaints.

The ADA Coordinator, or designee, is also responsible for coordinating the efforts of the City to comply with Title 24 and all other applicable State and Federal physical and program accessibility requirements.

### **Submittal of Grievances, Requests for Reasonable Accommodations, or Complaints Regarding Accessibility**

All grievances, requests for reasonable accommodations, or complaints submitted to the City of Calistoga must be in writing on the designated form and contain specific information about the alleged violation or discrimination including: name; address; telephone number of the complainant; and the location, date, and a complete description of the problem.

Anonymous complaints, grievances or request for reasonable accommodations will not be accepted. Complaints or grievances will be kept confidential to the greatest extent possible, unless ordered released by a court of competent jurisdiction (see California Evidence Code 1040). Alternative means of filing complaints, grievances or requests for reasonable accommodations may be accepted at the discretion of the ADA Coordinator, or designee.

These may be submitted by telephone, e-mail (confidentiality cannot be assured), letter, personal interview, or tape recording, upon request. However, all complaints or grievances must provide all the information required consistent with the format of the official grievance complaint form (Attachment 1) or request for reasonable accommodation form (Attachment 2).

All complaints and/or requests must be submitted by the complainant or his/her designee to the ADA Coordinator, or designee, at the below location or, upon approval of a request to submit in an alternative method, by telephone at (707) 942-2807 (Voice) or via e-mail at [kflamson@ci.calistoga.ca.us](mailto:kflamson@ci.calistoga.ca.us).

Complaints should be submitted as soon as possible, but no later than 60 calendar days, after the date of the alleged violation or discriminatory act. Requests for reasonable accommodation need to be submitted 48 hours before the requested accommodation need to allow the City to make reasonable arrangements.

ADA Coordinator c/o  
City Clerk  
1232 Washington Street  
Calistoga, CA 94515  
Telephone number: (707) 948-2807

If a complaint is regarding building or facility inaccessibility, the ADA Coordinator, or designee will forward the complaint within 5 business days to the City of Calistoga's Building Division for investigation and will formally acknowledge receipt of the complaint to the complainant.

For all other complaints, grievances or request for reasonable accommodations the ADA Coordinator, or designee or designee will contact the complainant to discuss the complaint or grievance within 10 business days after receipt of the complaint or grievance. Within 30 calendar days of this contact, the ADA Coordinator, or designee, will respond in writing and, if necessary, in an alternative format accessible to the complainant.

The response will explain the position of the City of Calistoga and offer options for substantive and reasonable resolution of the complaint or grievance. If the response by the ADA Coordinator, or designee, does not satisfactorily resolve the issue, the decision may be appealed to the City Manager or his/her designee within 30 calendar days following receipt of the response. Within 10 business days after receipt of an appeal, the City Manager, or designee, will contact the complainant to discuss the complaint or grievance and possible resolutions.

Within 15 business days of this contact, the City Manager will respond in writing and, where appropriate, in a reasonable format accessible to the complainant, with a final resolution of the complaint or grievance. Every reasonable attempt will be made by the City of Calistoga to remedy the disability complaint, grievance, or request for reasonable accommodation in a timely manner subject to staff and budget constraints.

If any Title 24 Building Code or ADA complaint or grievance resides under the jurisdiction of another public entity, the complainant will be notified that the City of Calistoga lacks jurisdiction and will be referred to the appropriate jurisdiction.

Attachment 1 - ADA Grievance Complaint Form

Attachment 2 - Request for Reasonable Accommodation Form

Attachment 3 – Citizen Accessibility Complaint Form

City of Calistoga  
AMERICANS WITH DISABILITIES ACT (ADA)  
GRIEVANCE COMPLAINT FORM

Complete and return to:

City of Calistoga,  
Att'n: ADA Coordinator C/O City Clerk's Office  
1232 Washington Street  
Calistoga, CA 94515

**COMPLAINANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE (include area code): \_\_\_\_\_

BUSINESS PHONE (include area code): \_\_\_\_\_

**PERSON ALLEGING ADA VIOLATION**

(if other than complainant)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE (include area code): \_\_\_\_\_

BUSINESS PHONE (include area code): \_\_\_\_\_

**INFORMATION ON ALLEGED VIOLATION**

DATE ALLEGED VIOLATION OCCURRED: \_\_\_\_\_

DESCRIPTION OF ALLEGED VIOLATION:

\_\_\_\_\_

---

---

---

---

---

REQUESTED REMEDY

---

---

---

---

---

---

---

HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY, U.S. DEPARTMENT OF JUSTICE, OR COURT?

YES \_\_\_\_\_

NO \_\_\_\_\_

IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION PLEASE COMPLETE THE FOLLOWING

AGENCY OR COURT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE (include area code): \_\_\_\_\_

DATE FILED: \_\_\_\_\_

OTHER COMMENTS:

---

---

---

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## CITY OF CALISTOGA

## REASONABLE ACCOMMODATION POLICY

## I. INTRODUCTION

Title II of the Americans with Disabilities Act requires public entities to make reasonable modifications to existing policies, practices and procedures to avoid discrimination on the basis of disability, unless to do so would fundamentally alter the nature of the program, service or activity in question.

## II. REASONABLE ACCOMMODATION POLICY AND REQUEST FORM

The policy of the City of Calistoga is to reasonably accommodate individuals with disabilities to the extent required by law. Applicants must follow these steps to request a reasonable accommodation:

STEP 1: Obtain a copy of the City of Calistoga's REQUEST FOR REASONABLE ACCOMMODATION form. Copies of the form are available free of charge from the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807 or the City web site at <http://www.ci.calistoga.ca.us>.

STEP 2: Complete the REQUEST FOR REASONABLE ACCOMMODATION form. If you need help filling out the form, the City of Calistoga will help you or you may ask someone else to help you. All of the information must be provided before the City of Calistoga will begin to process the request. The City of Calistoga may ask for additional information to process the request, including, in some instances, that the disabled individual, or the information provided, be examined, tested, or reviewed by experts at the City of Calistoga's expense. Failure or refusal to provide the City of Calistoga with all of the information necessary to determine your eligibility for accommodation is grounds for denying the request. Any questions, requests for assistance with the procedure or grievances should be directed to the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807.

STEP 3: File the REQUEST FOR REASONABLE ACCOMMODATION form with the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807. Private information disclosed in the request will be kept confidential to the extent required by law, but state and federal law may permit or require the City of Calistoga to disclose or use the information in public hearings the City of Calistoga conducts regarding the request, in court or administrative proceedings, by court order and in other circumstances.

The City Manager or designee process each request as quickly as reasonably possible under the circumstances. Some requests will take longer to process than others and some requests may require the City of Calistoga to hold one or more public hearings before granting or denying the request. The City Manager or designee will decide whether to grant or deny the request and will notify the applicant in writing of its decisions.



If an applicant is not satisfied with the decision, the applicant may appeal the decision to the Calistoga City Council within 15 days after the decision is served on the applicant. Service of the decision shall be complete when the decision is personally served on the applicant or his/her designee or the decision is deposited in the United States mail in a first-class, postage-paid envelope addressed to the applicant or his/her designee at the address listed in the request, whichever occurs first. All requests for an appeal shall be in writing and shall be filed with the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807.

The City Council shall hold a public hearing to consider the appeal within 30 days after the appeal is filed and shall receive testimony documents and any other evidence offered in support of and opposition to the request. The decision of the City Council appeal shall be the final administrative remedy provided to the applicant by the City of Calistoga.

Under some circumstances, you may lose your right to file a lawsuit if you do not exhaust the administrative remedies available to you. You should consult your attorney before deciding to forgo your right to appeal a denial to the Calistoga City Council. An appeal to the Calistoga City Council may or may not preclude an applicant from pursuing other administrative or judicial remedies through state and federal agencies or the courts.

**REQUEST FOR REASONABLE ACCOMMODATION**

You, or someone on your behalf, must complete and file this form with the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807 to request a reasonable accommodation. If you need help filling out the form, the City Clerk will help you or you may ask someone else to help you. Any questions, requests for assistance with the procedure or grievances should be directed to the Calistoga City Clerk, 1232 Washington Street, Calistoga CA, 94515, (707)-942-2807. The City of Calistoga may request additional information from you if the City believes the information is necessary to decide whether to grant or deny your request.

What is your name? \_\_\_\_\_  
(first name) (last name)

What is your address? \_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city) (state) (zip code)

What is your telephone number: (\_\_\_\_\_) \_\_\_\_\_  
(area code) (telephone number)

Who should we contact about your request? Me \_\_\_ or Person Below \_\_\_\_\_

\_\_\_\_\_  
(first name) (last name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip code)

(\_\_\_\_\_) \_\_\_\_\_  
(area code) (telephone number)

\_\_\_\_\_  
(relationship to applicant)

4 of 4

1. What disability do you have that you want the City of Calistoga to accommodate?

(You do not have to list every disability that you have. You only need to list the disability that you have that you want accommodated.) (Be specific).

---

---

---

---

2. Can you provide the City of Calistoga with documentation that you have the disability? Yes \_\_\_\_\_ No \_\_\_\_\_.

3. Does your disability prevent you from accessing a program, service or activity, or does a policy, practice or procedure adversely affect you because of your disability? Yes \_\_\_\_\_ No \_\_\_\_\_. If your answer is "Yes," then please list the program, service or activity that you cannot access because of the disability, or the policy, practice or procedure you want modified. (Be specific)

---

---

---

---

4. How does your disability prevent you from accessing each program, service or activity listed in your answer to the previous question, or how does the policy, practice or procedure listed in your answer adversely affect you because of your disability? (Be specific)

---

---

---

---

---

5. What are you asking the City of Calistoga to do to accommodate you and how long will you need the accommodation? (Be specific)

---

---

---

---

---

Date: \_\_\_\_\_ (sign here)