

RESOLUTION 2017- 001

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 3rd day of January, 2017, by the following vote:

AYES: Councilmembers Barnes, Kraus and Lopez-Ortega and Mayor Canning
NOES: None
ABSTAIN: None
ABSENT: Vice Mayor Dunsford



CHRIS CANNING, Mayor

ATTEST:


KATHY FLAMSON, City Clerk

**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)

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)