

AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

This form is designed to assist in resolving complaints regarding perceived violations of the Americans with Disabilities Act.

The use of this form is not required to comply with federal regulations and does not initiate a lawsuit or formal grievance procedure.

You may file a complaint if you feel that you have been discriminated against on the basis of disability in the provision of services, activities, programs, or benefits by the Sonoma County Library ("the Library"), or are not satisfied with the service you received related to accommodating your disability.

Instructions

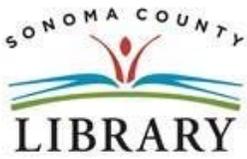
1. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.
2. Please include the corrective action being requested to resolve the alleged violation(s).
3. All complaint forms should be signed.
4. The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged discrimination, to the Library's ADA Coordinator or her designee as follows:

Suzanne Silva
Human Resources Manager / ADA Coordinator
Sonoma County Library
6135 State Farm Drive
Rohnert Park, CA 94928
707-545-0831
ssilva@sonomalibrary.org

5. Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will review the complaint. A meeting with the complainant and/or his/her designee to discuss the complaint may also be scheduled to review for possible resolutions.
6. A written response will thereafter be provided within 15 calendar days.

Please Note:

Using this informal complaint procedure is not a requirement under federal regulations nor does it prevent you from filing a complaint with the appropriate federal enforcement agency.



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Person completing form (*check one*) Complainant Authorized Representative

Name: _____

Address: _____

Telephone No.: (____) _____

Email: _____

ALLEGED VIOLATIONS

Describe how the Library has not complied with the ADA. Provide sufficient detail to make your complaint clear (attach additional pages if necessary).

Date of Occurrence: _____

REQUESTED ACTION

What actions do you request the Library take to correct the alleged ADA non-compliance or discrimination?

Signature: _____ Date: _____