

Americans with Disabilities Act (ADA)

Complaint Procedure

The County of Los Angeles has adopted an informal complaint procedure for the prompt resolution of complaints alleging non-compliance by the County of Los Angeles Sheriff's Department with the Americans with Disabilities Act.

Procedure

1. Complaints shall be filed in writing, by complainant or authorized representative. The complaint must contain the name, address, and telephone number of complainant and a brief description of alleged Department violation(s).
2. Indicate what actions you are requesting the Department to take to correct the alleged violation(s).
3. All complaints must be signed by the complainant or an authorized representative.
4. Complaints should be addressed to the Department ADA Coordinator:

ADA Coordinator
Los Angeles County Sheriff's Department
Bureau of Labor Relations and Compliance
211 W. Temple Street, 5th Floor
Los Angeles, CA 90012
Phone: (866) 234-3438
TTY: (213) 626-0251

5. You may request an informal meeting with the ADA Coordinator to discuss your complaint and the Department's investigation of it.
6. You will receive a written response from the ADA Coordinator within 60 days after the filing of your complaint.

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.

If you are a current Department employee and you have an employment-related ADA complaint you should contact the Department's Intake Specialist Unit or use the existing employee grievance procedure.

Any retaliation, coercion, intimidation, threat, interference, or harassment for filing of a complaint is prohibited and should be reported immediately to the Los Angeles County Sheriff's Department's Intake Specialist Unit.

The Complaint Form is located on page 2

Los Angeles County Sheriff's Department Americans with Disabilities Act (ADA) Complaint Form

Use this form to initiate an informal complaint procedure to investigate and resolve complaints alleging that the Los Angeles County Sheriff's Department has not complied with ADA.

Date: _____

Complainant's Name: _____

Phone: _____ TTY: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Alleged Violations

Describe how the County of Los Angeles Sheriff's Department has not complied with ADA in sufficient detail to make your complaint clear. Attach additional pages if necessary:

Requested Action

What actions do you request the County of Los Angeles Sheriff's Department take to correct the alleged ADA non-compliance or discrimination?

Signature of (check one): Complainant Authorized Representative

Signature

Date

This Notice and Related Materials Are Available in Alternate Format.