



**Acalanes Union High School District
ADA Self-Evaluation and Transition Plan**

Complaint/Grievance Policy and Forms

Who May File: Any person with a disability, or any parent or guardian who represents a minor person with a disability, who believes that they have been the subject of disability-related discrimination on the basis of the denial of access to facilities, programs, or services.

Procedure:

Step 1: Fill out a Grievance Form

Fill out the Grievance Form attached to this Procedure sheet giving all of the information requested. You may also use your own form or additional sheets. The grievance form should be filed in writing with the Acalanes Union High School District ADA Coordinator within 60 working days of the alleged disability-related discrimination. Upon request, reasonable accommodations will be provided in completing the form, or alternative formats of the form will be provided. The Grievance Procedure and Form may be obtained from and sent to the Acalanes Union High School District ADA Coordinator at the following location: 1212 Pleasant Hill Road, Lafayette, CA 94549, Telephone (925)942-9608.

Step 2: An Investigation is Conducted

The complainant will be notified within 5 working days of the receipt of the grievance, and the ADA Coordinator or other authorized representative will undertake an investigation into the merits of the complaint within 30 days. If necessary, the ADA Coordinator or other authorized representative will contact the complainant directly to obtain additional facts or documentation relevant to the grievance.

Step 3: A Written Decision is Prepared and Forwarded to the Complainant

The ADA Coordinator or other authorized representative will prepare a written decision, after full consideration of the merits of the grievance, no later than 30 days following the receipt of the grievance. A copy of the written decision will be mailed to the complainant by registered mail no later than 5 working days after preparation of the written decision.

Step 4: Appeal to the Superintendent

If the complainant is dissatisfied with the written decision, he or she may file a written appeal with the Superintendent no later than 15 days of the date of the mailing of the decision. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the written decision, and must be signed by the complainant, or by someone authorized to do so on the complainant's behalf. The Superintendent will act upon the appeal no later than 30 days after receipt, and a copy of the Superintendent's written decision will be mailed to the complainant by registered mail no later than 5 working days after preparation of the decision.

The ADA coordinator must maintain the confidentiality of all files and records relating to the grievances filed, unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference, or harassment for the filing of the grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA coordinator.



**Acalanes Union High School District
Complaint Form: ADA Complaint & Grievance Form**

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Complainant: _____

Person Preparing Complainant (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address and Apt No.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide a **complete** description of your complaint or grievance:

Please specify the location of your grievance (if applicable):

Please state what you think should be done to resolve the grievance:

Please attach additional pages as needed.

Signature: _____ Date: _____

Please return to: Acalanes Union High School District ADA Coordinator
1212 Pleasant Hill Road, Lafayette, CA 94549, Tel (925)942-9608

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above.