



Rim of the World Recreation and Park District

P.O. Box 8 - 26577 State Highway 18
Rimforest, California 92378
(909) 337-PARK
Fax: (909) 336-5239
www.rim-rec.org

RIM OF THE WORLD RECREATION AND PARK DISTRICT Grievance Procedure under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Rim of the World Recreation and Park District. The District's Personnel Policy governs employment-related complaints of disability discrimination.

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. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

A complainant is encouraged to file a grievance within 60 days of the date of becoming aware of any alleged discrimination or access violation. Failure to report an alleged violation within 180 days may impact the complainant's ability to redress his or her grievance. Grievances should be submitted to:

Jenny Hueter
General Manager
Rim of the World Recreation and Park District
P.O. Box 8 • 26577 State Hwy, Rimforest, CA 92325
Email: jhueter@rim-rec.org Phone: (909) 337-7275

Within 15 calendar days after receipt of the complaint, Jenny Hueter or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jenny Hueter or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Rim of the World Recreation and Park District and offer options for substantive resolution of the complaint.

If the response by Jenny Hueter or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Board of Directors.

Within 15 calendar days after receipt of the appeal, the Board of Directors will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Board of Directors will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Jenny Hueter or her designee, appeals to the Board of Directors, and responses from these two offices will be retained by Rim of the World Recreation and Park District for at least three years.



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Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, mail, or in person. If you need an accommodation to complete or submit this form, please contact the General Manager as indicated on this form.

Complainant: _____
Address: _____
City, State and Zip Code: _____
Telephone: Home: _____ Business: _____

Person Discriminated Against: (if other than the complainant): _____
Address: _____
City, State, and Zip Code: _____
Telephone: Home: _____ Business: _____

Department or person which you believe has discriminated (if known):
Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

Have efforts been made to resolve this complaint?

Yes ___ No ___

If yes: what efforts have been taken and what is the status of the grievance?



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Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes: _____ No: _____

If yes:

Agency or Court: _____
Contact Person: _____
Address: _____
City, State, and Zip Code: _____
Telephone Number: _____ Date Filed: _____

Do you intend to file with another agency or court?

Agency or Court: _____
Street Address: _____
City, State and Zip Code: _____
Telephone Number: _____

Additional comments or information:

Signature: _____ - Date: _____

Return to:
Jenny Hueter,
General Manager
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