



## Americans with Disabilities Act Grievance Process

The Americans with Disabilities Act of 1990 (“ADA”) broadly protects the rights of individuals with disabilities in access to local government services, public accommodation, and transportation, among other aspects of American life. This grievance process and the attached form may be used by anyone who wishes to file a complaint of discrimination on the basis of disability in accessing any services, activities, programs, or benefits provided by the County of Kern. This process would not be used by employees of Kern County, as employee discrimination complaints (including discrimination based on disability) should be filed with the employee’s department or with Kern County Human Resources under Civil Service Rule 1800.

Grievances should be in writing and contain detailed information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. Please use the attached Grievance form to submit your complaint. If you are unable to complete the attached form, alternative means of filing grievances, such as personal interviews or a tape recording of the grievance will be made available for persons with disabilities upon request.

The grievance should be submitted by the grievant or designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

ADA Coordinator – Kern County Administrative Office  
1115 Truxtun Ave 5th Floor, Bakersfield CA 93301  
Phone: (661) 868-3151  
Fax: (661) 868-3190  
E-mail: [compliance@kerncounty.com](mailto:compliance@kerncounty.com)

Within 5 business days after receipt of the grievance, the ADA Coordinator or designee will contact the grievant to discuss the grievance and the possible resolutions. Within 20 business days of the meeting, the ADA Coordinator or designee will respond in writing or in a preferred format accessible to the grievant, such as large print, Braille, or audio tape. The response will provide any necessary explanation and provide options for substantive resolution of the grievance.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the grievant and/or designee may appeal the decision within 30 calendar days after receipt of the response. Within 30 calendar days after receipt of the appeal, the ADA Coordinator will schedule a hearing to discuss the grievance and possible resolutions. Within 60 calendar days after the hearing, the County will provide a response in writing or in a preferred format accessible to the grievant, with a final resolution of the grievance. Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies, such as the filing of a separate grievance with another State or Federal agency.

All written grievances received by the ADA Coordinator or designee, appeals and hearings, and any responses will be retained by the County for at least three years.

*Grievance form is attached as Page 2 of this document*





# Americans with Disabilities Act Grievance Form

For Discrimination Complaints Related to Disability or Access

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**Please provide contact information for the individual alleging discrimination:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**If the person above requires assistance in making this complaint, please also provide contact information for the individual assisting with filing this complaint:**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred method of contact:  Telephone  E-mail

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**Please describe the nature of the complaint (issue of access/discrimination):**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please return completed form to:** ADA Coordinator – Kern County Administrative Office  
1115 Truxtun Ave 5th Floor, Bakersfield CA 93301  
E-mail: [compliance@kerncounty.com](mailto:compliance@kerncounty.com) ; Fax: 661-868-3190