

# HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA



## HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA 504 GRIEVANCE PROCEDURE February, 2018

The Housing Authority of the County of Contra Costa (HACCC) has adopted a grievance procedure for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973, as amended. Section 504 states, in part, that no qualified individual with a disability shall, by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development.

*Issues that are grievable include, but are not limited to, a denial of a Reasonable Accommodation and/or Reasonable Modification, the inadequacy of an accommodation/modification, the inaccessibility of a program or activity due to disability, or discrimination or harassment based on disability.*

### **Who May File a Grievance?**

Any individual who believes he or she has been discriminated against on the basis of disability by a recipient of Federal financial assistance, his or her representative, or a member of a class of persons so situated, or the authorized representative of a member of that class.

### **Who is an Individual with Disabilities?**

An individual with disabilities is any person who has a physical or mental impairment that limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

### **Reasonable Accommodation and Limited English Proficiency**

If the complainant or one of the complainant's family members is a person with a verifiable disability such person may, at any time during the grievance process, request a Reasonable Accommodation if such person requires a change, exception to or adjustment to a HACCC rule, policy, practice or service to take full advantage of HACCC programs or services.

If the complainant has limited English proficiency and requires the assistance of oral interpretation or written translation, the complainant may at any time during the grievance process request that HACCC provide this interpretation/translation.



## Procedures for Filing a Grievance

A grievance shall be made in writing to the Section 504 Coordinator or his/her designee unless the individual's disability prevents him or her from filing a written grievance, in which case alternative means of filing a grievance shall be allowed as a Reasonable Accommodation (e.g., personal interview, tape recording, email, etc.). The grievance form may be obtained at the office of the Section 504 Coordinator or his/her designee which is located at:

Nataline Jindoian, Section 504 Coordinator  
3133 Estudillo Street  
Martinez, CA 94553  
Office - 925-957-8028  
TDD - 925-957-1685  
CA Relay System - 1-800-854-7784

The grievance must contain:

- Complainant's name, address and phone number;
- The name, address and phone number of the person discriminated against (if different than the complainant);
- Name, address and phone number of the individual alleged to have discriminated;
- Description of the alleged discriminatory actions and the date and location of those actions;
- Sufficient data to substantiate any claims or charges. If possible, supporting documentation should be included;
- If desired, a complainant may propose a solution or remedy.

Although a grievance will contain the name of the complainant, HACCC will keep that identity confidential unless it has written authorization from the complainant to release it or except as necessary to carry out the purposes of the Section 504 regulations.

## Filing a Grievance

Under Section 504, a grievance should be filed within a reasonable time after the complainant becomes aware of the action alleged to be prohibited. All grievances must be filed in writing within sixty (60) calendar days of the last alleged act of discrimination unless HACCC waives this time limit for good cause shown. The grievance is deemed received on the date HACCC actually receives it as evidenced by HACCC's date stamp.

The grievance form must be submitted to:

Housing Authority of the County of Contra Costa  
Attention: Nataline Jindoian, Section 504 Coordinator  
3133 Estudillo Street, Martinez, CA 94553  
925-957-8028 (voice) 925-957-1685 (TDD) 925-372-3678 (fax)  
njindoian@contracostahousing.org (email)



## **Grievance Review**

An investigation, as appropriate, shall follow a filing of a grievance. The investigation shall be conducted by the Section 504 Coordinator. (Note: Grievances involving employment issues will be referred to HACCC's Human Resources Department and investigated pursuant to Human Resource policies and applicable labor contracts.) The following procedures will allow all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a grievance.

Within fourteen (14) calendar days of receipt of the grievance, or as extended by written notification, the Section 504 Coordinator will contact/meet the complainant to discuss the grievance and the possible resolutions. Such initial interviews are normally conducted by telephone.

The Section 504 Coordinator will investigate the grievance. The Section 504 Coordinator will request such information HACCC believes is necessary in order to fully investigate the issues of the grievance. The grievance investigation may involve interviews and meetings with the parties, including any witnesses or other persons identified as having some involvement in the issues of the grievance. It may also include the collection of relevant documents. The Section 504 Coordinator may further conduct on-site reviews of facilities that are under HACCC's oversight, if these facilities are a part of the grievance.

Within ninety (90) calendar days of receipt of the grievance, or as extended by written notification, the Section 504 Coordinator will compile its findings and issue a written determination ("Letter of Findings") of whether or not discrimination was found and the basis for such. Where appropriate, another format accessible to the complainant, such as large print or audio tape, may be used in addition to the Letter of Findings. The Letter of Findings will explain HACCC's position and offer options for substantive resolution of the complaint, if warranted.

## **Voluntary Resolution of the Issues**

During investigation of the grievance, the Section 504 Coordinator will make every effort to define all of the issues contained in the grievance. Throughout the grievance process, the Section 504 Coordinator will encourage a voluntary resolution of the matter, and will assist in resolving the grievance through informal resolution. A matter may be resolved by informal means at any time.

## **No Cause Determination**

If, after a thorough investigation, the Section 504 Coordinator finds no reasonable cause to believe that discrimination has occurred, HACCC will issue a determination of "no reasonable cause" and close the case.



## **Appeal Procedure**

A complainant who disagrees with the decision can, within twenty-one (21) calendar days of the date of the Letter of Findings, request reconsideration of the case by sending a letter to:

Housing Authority of the County of Contra Costa  
Attention: Joseph Villarreal, Executive Director  
3133 Estudillo Street  
Martinez, CA 94553 (voice)  
925-957-8011 (voice)  
925-957-1685 (TDD)  
925-372-3678 (fax)  
jvillarreal@contracostahousing.org (email)

Such a request shall include the basis on which the complainant believes the Letter of Findings was in error. Upon receipt of a request for reconsideration, the Executive Director will review all of the materials from the investigation and inform the complainant if the Executive Director affirms the decision of the 504 Coordinator, overturns the decision, or decides to re-open the grievance for further review.

If the complainant disagrees with the Executive Director's determination, the complainant may file a complaint with any of the appropriate agencies listed below.

HACCC's Grievance Procedure process is not mandatory. The complainant is not precluded from filing formal complaints at any time before, during, after or in lieu of HACCC's grievance process with the following state or federal agencies:

### **U.S. Department of Justice**

Civil Rights Division  
Disability Rights Section - NYAV  
950 Pennsylvania Avenue, N.W.  
Washington, D.C. 20530  
www.ada.gov  
202-514-4609 (voice)  
202-514-0716 (TTY)

### **California Department of Fair Employment and Housing**

Department of Fair Employment & Housing  
2218 Kausen Drive, Suite 100  
Elk Grove, CA 95758  
(800) 884-1684 (Voice)  
(800) 700-2320 (TTY)  
www.dfeh.ca.gov/complaint.asp



## **San Francisco Regional Office of Fair Housing and Equal Opportunity**

U.S. Department of Housing and Urban Development  
1 Sansome Street, Suite 1200  
San Francisco, California 94104-4430  
(415) 489-6524 or 1-800-347-3739 (Voice)  
(415) 436-6594 (TTY)  
[www.hud.gov/complaints/housediscrim.cfm](http://www.hud.gov/complaints/housediscrim.cfm)

### **Grievance Retention**

HACCC will retain all written grievances, appeals and responses for at least seven years.

### **Confidentiality**

To the extent possible, confidentiality will be maintained throughout the investigation of a complaint of unlawful discrimination.



HOUSING AUTHORITY  
OF THE  
COUNTY OF CONTRA COSTA



HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA  
SECTION 504 GRIEVANCE FORM

**Instructions:** Please fill out this form completely, in ink. Sign and return to the address on the next page.

**Grievant Information**

Complainant's Name: \_\_\_\_\_  
Complainant's Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Contact Information**

Who else can we call if we cannot reach you? \_\_\_\_\_  
Contact's Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Person Discriminated Against (if different than the Complainant):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Grievance**

1. What happened to you? How were you discriminated against?

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

2. Why do you believe you are being discriminated against?

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



Please note: If this is a housing-related grievance, it is a violation of the law to deny you your housing rights for any of the following factors: age, race, color, religion, sex, sexual orientation, gender identity, national origin, familial status (i.e., families with children under age 18), or disability. Sufficient data should be included to substantiate any claims or charges. Additional supporting documentation may be attached.

3. Who do you believe discriminated against you?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Where did the alleged act of discrimination occur?

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

5. When did the last act of discrimination occur?

Enter the date (mm/dd/yyyy): \_\_\_\_\_

Is the alleged discrimination continuous or ongoing? Yes  No

6. Have efforts been made to resolve this complaint? Yes  No

7. If you answered No to #6, is there any solution you believe may remedy the problem?

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

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Printed Name of Complainant

\_\_\_\_\_  
Date Signed by Complainant

\_\_\_\_\_  
Signature of Person Discriminated Against  
(if other than the Grievant)

\_\_\_\_\_  
Printed Name of Person Discriminated Against  
(if other than the Grievant)

\_\_\_\_\_  
Date Signed by Person Discriminated Against  
(if other than the Grievant)

Send this completed form to:

Housing Authority of the County of Contra Costa  
Attention: Nataline Jindoian, Section 504 Coordinator  
3133 Estudillo Street, Martinez, CA 94553  
925-957-8028 (voice) 925-957-1685 (TDD) 925-372-3678 (fax)  
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