

**HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA**  
**SECTION 504 GRIEVANCE PROCEDURE**  
**JULY 2007**

**Introduction**

The Housing Authority of the County of Alameda (HACA) does not discriminate on the basis of handicap in violation of 24 CFR Part 8 in admission or access to, or treatment or employment in, its federally assisted programs and activities.

The grievance procedure established herein addresses concerns regarding Section 504 of the Rehabilitation Act of 1973, as amended, as it applies to HACA's programs, services and activities.

The grievance procedure may be used to file a complaint alleging:

- Policies or the provision of services, activities or programs provided by HACA
- Discrimination regarding Section 504 of the Rehabilitation Act of 1973 by HACA or its employees
- Structural and parking accessibility issues on HACA owned property.

**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 HACA rule, policy, practice or service to take full advantage of HACA 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 HACA provide this interpretation/translation.

**Grievance Format**

A grievance may be submitted in writing by using the Section 504 Grievance Form. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will



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be made available for persons with disabilities upon request. Additionally, complaints received by TTY or in Braille will be accepted. 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, HACA 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 HACA waives this time limit for good cause shown. The grievance is deemed received on the date HACA actually receives it as evidenced by HACA's date stamp. The grievance must be submitted to:

Housing Authority of the County of Alameda  
Attention: Jennifer Cado, Section 504 Coordinator  
22941 Atherton St  
Hayward, CA 94541-6633  
(510) 727-8514 (voice)  
(510) 727-8551 (TDD)  
(510) 727-8554 (fax)  
jenniferc@haca.net (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 HACA's Administrative Services 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.

1. 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



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grievance and the possible resolutions. Such initial interviews are normally conducted by telephone.

2. The Section 504 Coordinator will investigate the grievance. The Section 504 Coordinator will request such information HACA 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 onsite reviews of facilities that are under HACA's oversight, if these facilities are a part of the grievance.

3. 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 HACA'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, HACA 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 Alameda  
Attention: Christine Gouig, Executive Director  
22941 Atherton St  
Hayward, CA, 94541-6633  
(510)727-8513 (voice)  
(510)727-8551 (TDD)  
(510)727-8554 (fax)  
chrisg@haca.net (email)



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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 reopen 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.

HACA'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 HACA's grievance process with the following state or federal agencies:

**U.S. Department of Justice**

Civil Rights Division  
950 Pennsylvania Avenue, N.W.  
Disability Rights Section NYAV  
Washington, D.C. 20530  
[www.ada.gov](http://www.ada.gov)  
(800) 5140301 (voice)  
(800) 5140383 (TTY)

**California Department of Fair Employment and Housing**

Oakland Housing District Office  
1515 Clay Street, Suite 701  
Oakland, CA 94612

Telephone: (510) 6222945  
Tollfree: (800) 2333212  
[www.dfeh.ca.gov/complaint.asp](http://www.dfeh.ca.gov/complaint.asp)

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

U.S. Department of Housing and Urban Development  
600 Harrison Street, 3rd Floor  
San Francisco, California 941071387

(415) 4896524  
18003473739  
TTY (415) 4366594  
[www.hud.gov/complaints/housediscrim.cfm](http://www.hud.gov/complaints/housediscrim.cfm)



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## **Grievance Retention**

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



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**HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA  
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): \_\_\_\_\_  
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?

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

3. Who do you believe discriminated against you?

Name: \_\_\_\_\_



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

Please note: If this is a housingrelated 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, 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.

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:



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Housing Authority of the County of Alameda  
Jennifer Cado, Section 504 Coordinator  
22941 Atherton Street  
Hayward, CA 94541-6633  
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