



General Rules  
Policy No. 02

Approved: 05/14/97; Revised 7/29/2002

City Manager's approval: \_\_\_\_\_

## THE CITY OF POMONA

### ADMINISTRATIVE POLICIES AND PROCEDURES

### **AMERICANS WITH DISABILITIES ACT OF 1990**

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#### **I. PURPOSE**

To comply with the American with Disabilities Act (ADA) of 1990.

#### **II. APPLICABILITY**

This Policy applies to all full-time and hourly/part-time City employees, job applicants and persons applying for City of Pomona services or use of facilities.

#### **III. POLICY**

The City of Pomona continues to uphold its commitment to nondiscrimination in all of its employment practices by ensuring that qualified individuals with disabilities will have equal access to employment opportunities available to non-disabled qualified individuals. Accordingly, the City of Pomona has incorporated the provisions of The Americans with Disabilities Act of 1990 and State regulations prohibiting disability discrimination into its already existing nondiscriminatory practices.

All City of Pomona officers, managers and supervisors share in the responsibility of implementing and adhering to all components of this policy. This includes, but is not limited to, reasonably accommodating disabled individuals in recruiting, hiring, training, termination, benefits, compensation, and in other terms, conditions and privileges of employment; and in access to services, programs and activities. All services, programs, communications, and activities are to be accessible to persons with disabilities.

Any acts of unlawful discrimination should be promptly reported to upper management or to the Human Resources/Risk Management Director. An investigation will occur and appropriate corrective action will be taken.

Employees, job applicants, and persons applying for City of Pomona services or use of facilities will be protected from any type of coercion, intimidation, interference or

**AMERICANS WITH DISABILITIES ACT OF 1990 (Continued):**

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discrimination should they file a complaint or assist in an investigation of such a complaint in conjunction with upholding this Policy.

The City of Pomona remains fully committed to equal employment opportunity and non-discrimination in its employment practices.

**IV. COMPLAINT PROCEDURE**

Any person who believes that the City of Pomona is not in compliance with the ADA may make a complaint with the Human Resources/Risk Management Director.

Complaints must be submitted in writing by the complaining party or by his/her designated representative. If complainant is unable to write or obtain a representative, he/she may receive assistance in filing his/her complaint by contacting the Human Resources/Risk Management Director at (909) 620-2291.

Complaints must be made within sixty (60) days after the alleged violation, unless the time for filing is extended by the City of Pomona. Each complaint should include as many details and specifics of the alleged violation as possible. All complaints will be investigated on a timely basis, and the complainant may be asked for additional information. The complainant will be notified of the resolution of his/her complaint.

The ADA does not require the use of this complaint procedure before seeking any other remedy under the ADA. The filing of a complaint under this procedure does not limit, extend, replace, or delay the right of a complainant to file a similar complaint with any federal, state agency or court.

The City of Pomona does not reinforce ADA requirements for non-municipal facilities nor for private sector employees or programs. Concerns regarding accessibility of non-municipal and private sector services, programs, facilities and or activities should be directed to the specific employer, business, property owner or vendor for remedy or to the Department of Justice, ADA Enforcement Division.

**V. ACTION**

This Policy is effective this date.

**CITY OF POMONA**

ADA COMPLAINT FORM

This form must be filed *no later than sixty (60) days* from the alleged violation or discrimination unless the time for filing has been extended by the City's Human Resources/Risk Management Director. Submit this form to:

TO: HUMAN RESOURCES/RISK MANAGEMENT DIRECTOR  
CITY OF POMONA  
HUMAN RESOURCES DEPARTMENT  
505 S. GAREY AVE.  
POMONA, CA 91769

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_

LIST ALLEGED VIOLATION OR DISCRIMINATION ACTION BY CITY OF POMONA, POLICY, SERVICE, FACILITY OR STRUCTURE: (use additional paper, if necessary)

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

NAME AND WORK LOCATION OF PERSON (S) INVOLVED IN ALLEGED VIOLATION OR DISCRIMINATION (IF ANY):

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

DATE AND LOCATION AT WHICH ALLEGED VIOLATION OR DISCRIMINATION TOOK PLACE:

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

NAME AND WORK LOCATION OF WITNESS(ES) TO ALLEGED ACT, (IF ANY):

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DO YOU HAVE A SUGGESTED RESOLUTION FOR THE ALLEGED VIOLATION OR DISCRIMINATION? IF SO, PLEASE STATE:

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I do hereby acknowledge that the above statements are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**CITY OF POMONA**

REASONABLE ACCOMMODATION REQUEST FORM

(For employment purposes)

NAME: \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

POSITION TITLE APPLIED FOR: \_\_\_\_\_

I have applied for the above named position and may require "REASONABLE ACCOMMODATION" in the testing process. Please contact me regarding my request for reasonable accommodation.

PLEASE DESCRIBE THE REASONABLE ACCOMMODATION YOU BELIEVE YOU MAY NEED IN THE TESTING PROCESS:

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

PLEASE NOTE:

THE CITY OF POMONA’S HUMAN RESOURCES DEPARTMENT MAY CONTACT YOU TO REQUEST ADDITIONAL INFORMATION NECESSARY TO ASSESS AND OR VERIFY YOUR REQUEST FOR REASONABLE ACCOMMODATION.

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**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

ACCOMMODATION IS: [ ] APPROVED [ ] DENIED [ ] NOT NECESSARY

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

**CITY OF POMONA**

REASONABLE ACCOMMODATION REQUEST FORM  
(For public services and public accommodations purposes)

NAME: \_\_\_\_\_  
                    Last                                    First                                    Middle

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

DESIRED PUBLIC SERVICE OR PUBLIC ACCOMMODATION (list services, activity or facility where accommodation is necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE PUBLIC SERVICE OR ACCOMMODATION IS NECESSARY (list m/dy/yr):  
\_\_\_\_\_

I will be using, participating in or attending the above named service, activity or facility and may require "REASONABLE ACCOMMODATION." Please contact me regarding my request for reasonable accommodation.

PLEASE DESCRIBE THE REASONABLE ACCOMMODATION YOU BELIEVE YOU MAY REQUIRE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE:

A CITY OF POMONA REPRESENTATIVE MAY CONTACT YOU TO REQUEST ADDITIONAL INFORMATION NECESSARY TO ASSESS AND OR VERIFY YOUR REQUEST FOR REASONABLE ACCOMMODATION.

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**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

ACCOMMODATION IS:     APPROVED     DENIED     NOT NECESSARY

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_