



LOS ANGELES HOUSING DEPARTMENT

ACCESSIBLE HOUSING PROGRAM (AcHP)

Grievance Instructions and Form

The Los Angeles Housing Department (LAHD) accepts, reviews, and resolves grievances regarding discrimination based on disability and lack of accessibility in Covered Housing Developments, LAHD's Covered Housing Programs, the Accessible Housing Website Registry, and the implementation of the Settlement Agreement of the lawsuit Independent Living Center of Southern California, et al. vs. City of Los Angeles and the Community Redevelopment Agency of the City of Los Angeles.

HOW TO SUBMIT A GRIEVANCE

The attached Grievance Form may be submitted by email or U.S. mail

| to: Email Address: | lahd.achp@lacity.org |
|--------------------|-----------------------------------|
| Mailing Address: | Accessible Housing Program, LAHD |
| | Attention: Settlement Coordinator |
| | 221 N. Figueroa, Suite 1400 |
| | Los Angeles, CA 90012 |

Phone Number: (213) 808-8550

Due to technological changes, if TTY is needed to contact us, please use Telecommunication Relay Services (TRS) or dial 711.

The **Grievance Form** is also available as an on-line fillable form at: <u>www.accesshousingla.org</u>. It can also be printed or downloaded to your computer from this site.

Please call or email the AcHP if you need assistance in completing the form. The use of the Grievance Form is preferred, but not required. If another format is used, please include all of the information in the Grievance Form.

TYPES OF GRIEVANCES ACCEPTED

The Accessible Housing Program (AcHP) will accept and investigate Grievances related to housing accessibility and discrimination based on disability, including violations of the Owner Manual and the Tenant Handbook – Rental Occupancy Policies Related to Disability, in regards to:

- a. Any of the **Covered Housing Developments (see below)**, including owner or property management actions;
- b. Housing programs and services offered in Covered Housing Developments;
- c. Denial of reasonable accommodations and modifications or denial of a unit, accessible or otherwise, in a Covered Housing Development;
- d. Denial of reasonable accommodations and modifications or other concerns in temporary housing, as part of LAHD's Accessible Housing Program to provide accessibility and require

compliance with applicable law and policies related to disability and accessibility;

- e. The City's Accessible Housing Program (AcHP) Website and the Accessible Housing Registry website;
- f. LAHD's program to provide accessibility and require compliance with applicable law and policies related to disability and accessibility in Covered Housing Developments; and
- g. The City's implementation of the Settlement Agreement in the lawsuit Independent Living Center of Southern California, et al. vs. City of Los Angeles (United States District Court Case CV12-0551).

COVERED HOUSING DEVELOPMENTS

Covered Housing Developments include existing and newly constructed multifamily rental housing developments financed, developed, or otherwise assisted by the City of Los Angeles or the Community Redevelopment Agency, Los Angeles. A list of Covered Housing Developments can be found at <u>www.accesshousingla.org</u>, the Accessible Housing Compliance Website, or <u>www.lahd.lacity.org</u>, the LAHD website, under "Accessible Housing", "Covered Housing Developments".

Contact the Accessible Housing Program (AcHP), if you can't find your property on the list, or if you would like to receive a copy of the Covered Housing Development List by email or U.S. Mail.

Email: lahd.achp@lacity.org Phone: (213) 808-8550

PART ONE: GENERAL INFORMATION

1. Contact Information for Person Who Has a Grievance First Name:

Middle Name:

Last Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Home/Business Address:

Unit No:

Preferred Language:

Preferred Method of Contact, including TTY or other format:

2. If Different from Above, Contact Information For Person Completing This Form

Relationship to person who has the Grievance:

First Name:

Middle Name:

Last Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Home/Business Address:

Unit No:

Preferred Method of Contact, including TTY or other format:

3. Is your grievance related to a specific location or housing development?

Yes I lf yes, please complete #4. No

4. Address Where Grievance Occurred (if applicable)

Same Address as Person Who Has the Grievance (#1 above):

If No, Address Where the Grievance Occurred:

Housing Development or Location Name:

Address:

PART TWO: GRIEVANCE INFORMATION

1. Please provide a brief description of the grievance including relevant date(s), name, title, and contact information of parties involved, if available, and any additional information. Please attach any documents related to your grievance.

| 2 | . Have you received any of the following notices, orally or in writing? If written, please attach a copy. | | |
|---|---|--|--|
| | Notice to Vacate from the Owner/Manager: Yes 🗌 No 🗌 | | |
| | Unlawful Detainer (Eviction) Summons from the Court: Yes 🗌 No 🗌 | | |
| | Sheriff's Notice to Vacate: Yes 🗌 No 🗌 | | |
| | Were you given a date to move out? Yes 🗌 No 🗌 | | |
| | If so, by what date? | | |
| 3 | . Have you been denied a unit? Yes 🗌 No 🗌 | | |
| | If Yes, is it still vacant? Yes 🗌 No 🗌 I Don't Know 🗌 | | |
| | If Yes, was it an accessible unit? Yes 🗌 No 🗌 | | |

Under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA), the Los Angeles Housing Department does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations, including auxiliary aids and services to ensure equal access to its programs, services and activities. To ensure availability, please call (213) 808-8550 or email lahd.achp@lacity.org at least 3-5 working days in advance of when you will need the accommodation. Later requests will be considered to the extent possible.