**[INSERT DATE HERE]**

**Part 1. Grievance Policy**

1. **POLICY**

It is the policy of [PROPERTY NAME – TO BE COMPLETED BY OWNER] (Hereinafter referred to as “Property”) to accept, review, and resolve grievances regarding discrimination based on disability, lack of accessibility, and denial of, partial denial of, or delay in responding to any disability related request, including but not limited to, requests for Reasonable Accommodations, Auxiliary Aids, transfers to Accessible Units, or placement on waiting lists for Accessible Units.

1. **SUBMITTING A GRIEVANCE**

Grievances may be submitted by:

1. Any Individual with a Disability or person associated with an Individual who has a Disability, such as a family member, caregiver or visitor, who:
	1. is a current tenant of the Property;
	2. has applied for a unit (accessible or otherwise) at the Property;
	3. has been deterred from applying for such a unit;
	4. has visited or attempted to visit such a unit;
	5. has participated in or been deterred from participating in any of the Property’s programs.
2. Any representative of an individual covered by 1 above.

Grievances may be submitted using the Grievance Form (Found below, Part 2. Grievance Form), in any of the following methods:

1. in person.
2. by Email.
3. by telephone.
4. by U.S. Mail.

Grievances should be directed to the following Property Management Agent:

 Name:

 Title:

 Telephone Number:

TTY/TDD Number:

 Email:

The use of the Grievance Form is preferred but not required. If submitting a grievance without the Grievance Form, please include all information requested on the form.

1. **GRIEVANCE PROCESS**

Once the Property has received a grievance, within ten (10) business days we shall:

1. review the grievance and any supporting information;
2. provide information on how the individual who filed the grievance and/or their representative can see and copy their file and any records related to the grievance;
3. schedule a meeting between the individual who filed the grievance and/or their representative and a management agent who was not involved in the original action/decision so that they can review it. At the meeting:
	1. You will be provided an opportunity to present evidence and witnesses.
	2. You have the right to be represented or accompanied by a person of your choice at the meeting.

Once the meeting has occurred, within five (5) business days we shall:

4. Make a written determination on the issue, which states the reason for the decision and the evidence relied on in making the decision.

1. **ADDITIONAL OPTIONS FOR SUBMITTING A GRIEVANCE**

You may also file a grievance with the City of Los Angeles Housing Department (LAHD), submit an Americans with Disabilities Act (ADA) Title II grievance to the Los Angeles Department on Disability (DOD), as well as exercise any other rights to file an administrative complaint or legal action. You may also file complaints with the U.S. Department of Housing and Urban Development (HUD), which may investigate complaints under the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and Title II of the ADA.

The contact information for filing a grievance with the mentioned agencies is:

LAHD **Accessible Housing Program (AcHP)**

Website : [accesshousingla.org](https://lahousing.lacity.org/AAHR/ComCon/Tab/RenderTab?tabName=File%20a%20Grievance).

By Email to the LAHD AcHP: lahd.achp@lacity.org.

By U,S. Mail to: Accessible Housing Program, LAHD

Attention: Settlement Coordinator

221 N. Figueroa Street, Suite 1400

Los Angeles, CA 90012

By Telephone to the LAHD AcHP at: 213-808-8550

**The City's Department on Disability's (DOD)**

 website at: <https://disability.lacity.org/>

201 North Figueroa Street, Suite 100

Los Angeles, CA 90012

(213) 202-2764, TTY (213) 202-3452

By Email to: DOD.Contact@lacity.org

**U.S. Department of Housing and Urban Development**

One Sansome Street, Suite 1200

San Francisco, CA 94104

(800) 347-3739, TTY (415) 436-6594

**Civil Right Department (CRD) State of California**

By U.S. Mail to: 2218 Kausen Drive, Suite 100

Elk Grove, CA 95758

By Email to: contact.center@calcivilrights.ca.gov

By Telephone to: 800-884-1684 (voice)

800-700-2320 (TTY) or

California's Relay service at: 711

1. **AVAILABILITY OF REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS AND SERVICES**

An Individual with a Disability may request a Reasonable Accommodation and/or Auxiliary Aids and Services at any time during the grievance process.

Please let us know if you need any Reasonable Accommodations or Auxiliary Aids and Services in order to file a grievance or participate in the grievance process(see Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy).

1. **CONFIDENTIALITY**

To the extent possible, the Property will maintain confidentiality in regard to grievances. All information related to a disability will remain confidential to the extent provided by law and in no event will the Property publicly disclose personally identifiable information.

There may be occasions where release of information about the grievance is needed to achieve a satisfactory resolution of the issue.

Information about the individual filing the grievance or their representative will not be released to third parties except as required by law. Information released would be within the limits of the law.

**Part 2. Grievance Form**

1. **GENERAL INFORMATION**
	1. Contact Information for Individual Who Has a Grievance:

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

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Method of Contact, including TTY or other

format: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If Different, Contact Information For Person Completing Form:

 Relationship to Individual who has the Grievance:\_\_\_\_\_\_

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

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Method of Contact, including TTY or other

format:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GRIEVANCE INFORMATION**

Please provide a description of the grievance including information to support your position. If you need more space use the back of this page. Please attach any related documents.