Sacramento Metropolitan Air Quality Management District

**Americans with Disabilities Act – Policy**

This program reflects a commitment by the Sacramento Metropolitan Air Quality Management District (SMAQMD or District) to comply with Title II of the Americans with Disabilities Act of 1990 (ADA) to ensure that no person will, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by the District.

The District’s policy prohibits unlawful discrimination based on race, color, creed, age, gender, gender identity, sexual orientation, national origin or ancestry, religion, marital status, military service, pregnancy, physical or mental disability, medical condition, including genetic characteristics, or any other consideration made unlawful by applicable federal, state, or local laws. The District has a zero tolerance for violations of this policy by any employee or other person doing business with the District, and will take prompt and appropriate measures to enforce an atmosphere of nondiscrimination.

**Americans with Disabilities Act – Complaint Procedure**

This procedure reflects the commitment by the Sacramento Metropolitan Air Quality Management District (SMAQMD or District) to comply with Title II of the Americans with Disabilities Act of 1990 (ADA) and to ensure that no person will, on the basis of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by the District.

- Information in another language may be obtained by using the Google Translator at [www.translate.google.com](http://www.translate.google.com) or by calling (916) 874-4800.
- La información en otro idioma puede ser obtenida usando el traductor de Google en [www.translate.google.com](http://www.translate.google.com) o llamando al (916) 874-4800.
- 索取另一种语言信息可以使用Google翻译[www.translate.google.com](http://www.translate.google.com)或致电（916）874-4800。
- Cov ntaub ntawv sau rau lwm hom lus yuav muab tau los ntawm kev siv Google txhais lus nyob [www.translate.google.com](http://www.translate.google.com) los yog hu rau (916) 874-4800.
- Impormasyon sa ibang wika ay maaaring makuha sa pamamagitan ng paggamit ng Google Translator sa [www.translate.google.com](http://www.translate.google.com) o sa pamamagitan ng pagtawag (916) 874-4800.
- Информация на другом языке может быть получена с помощью Переводчика Google на [www.translate.google.com](http://www.translate.google.com) или по телефону (916) 874-4800.
- Thông tin bằng ngôn ngữ khác có thể sử dụng Google Translator vào [www.translate.google.com](http://www.translate.google.com) hoặc là gọi số điện thoại (916) 874-4800.

This Complaint Procedure may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Sacramento Metropolitan Air Quality Management District. All complaints, requests for reconsideration, and appeals will be retained by the District for at least seven years. The District’s “Human Resources Policy” governs employment-related complaints of disability discrimination.

Adopted by the Board of Directors, May 22, 2014, Resolution Number 2014-015
The complaint procedure is as follows:

1. **Submission of Complaint**
   - Individuals who believe that they or as a member of a class of individuals have been excluded or denied benefits of, or subjected to discrimination on the basis of disability by the District may submit a completed “ADA Complaint Form.” This form may be downloaded from the District’s website or a blank copy may be obtained from the District’s ADA Coordinator. Complaints must be filed within 180 calendar days after the date the person believes the discrimination occurred. It is preferable that submissions should be provided within 60 days of the alleged incident.
   - If the individual submitting the complaint needs alternative media to submit their complaint, this may be discussed with the ADA Coordinator and the District will determine how it will accommodate the individual. The District’s Administrative Services Program Supervisor is currently designated as the ADA Coordinator.
   - ADA Coordinator: Patrick Smith, Telephone: 916-874-4808 Fax: 916-874-4899 Email: psmith@airquality.org Address: 777 12th Street, 3rd Floor, Sacramento, CA 95814

2. **Review by the District’s ADA Coordinator:**
   - The ADA Coordinator will receive and review the submitted complaint forms.
   - Within 30 working days of receiving the complaint, the ADA Coordinator will contact the complainant to acknowledge receipt of the complaint and provide an opportunity to discuss the alleged incident if necessary, either by phone or in person.
   - Within 60 working days of receiving the complaint, after investigating the complaint and consulting with District Legal Counsel, a response will be issued by the ADA Coordinator to the complainant. If more time is required, the ADA Coordinator will notify the Complainant of the estimated time-frame to complete the review. The response will be in writing, and, where appropriate, in a format accessible to the complainant. The response will explain the District’s position and offer options for substantive resolution of the complaint.

3. **Request for Reconsideration:**
   - If the Complainant disagrees with District’s response, they or their designee may appeal the decision within 15 working days after receipt of the response with the District’s Executive Director. The request for reconsideration will be sufficiently detailed to contain any items the Complainant feels were not fully understood by the ADA Coordinator.
   - Within 15 working days after receipt of the request for reconsideration, the Executive Director or their designee will notify the Complainant of their decision to accept or reject the request for reconsideration. If the decision is to accept the request for reconsideration, the Executive Director will provide another opportunity to meet with the complainant to discuss the complaint and possible resolutions.

Adopted by the Board of Directors, May 22, 2014, Resolution Number 2014-015
Sacramento Metropolitan Air Quality Management District

- Within 15 working days after accepting the reconsideration request or the meeting, whichever is later, the Executive Director or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant. The response will explain the reasons for the response to the reconsideration.

  Submissions to the Executive Director will be addressed as follows:

  Executive Director
  SMAQMD
  777 12th Street, 3rd Floor
  Sacramento, CA 95814

4. Appeal:
If the request for reconsideration is denied, the complainant may appeal the Executive Director’s response to the complaint by submitting a written appeal (or, where appropriate, in a format accessible to the complainant) to the SMAQMD Board of Directors no later than 10 calendar days after receipt of the Executive Director’s response.

  Submissions to the Board of Directors will be addressed as follows:

  Chair, Board of Directors
  SMAQMD
  777 12th Street, 3rd Floor
  Sacramento, CA 95814

5. Submission of Complaint to the Department of Justice:
The complaint may also file a complaint directly with the U.S Department of Justice at U.S. DOJ, Coordination and Review Section, P.O. Box 66118, Civil Rights Division, U.S. Department of Justice, Washington, D.C. 20035-6118 or (202) 307-1197 or ADA.complaint@usdoj.gov.
ADA COMPLAINT FORM
Complaints must be filed within 180 days of the alleged act of discrimination.

Name of individual filing complaint: ____________________________________________
Address: ________________________________________________________________
Phone: ________________________ E-Mail: ________________________________

Accessible format requirements, if any ________________________________________
If applicable:
Name of authorized representative filing complaint: ____________________________
Address: ________________________________________________________________
Phone: ________________________ E-Mail: ________________________________

Describe in detail the District’s alleged discriminatory action:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provide the date(s), time(s) and location(s) of the incident:
________________________________________________________________________

What action would you want taken to correct the alleged discrimination?
________________________________________________________________________
________________________________________________________________________

Is there any additional information you want the District to know about your claim?
________________________________________________________________________

Signature of (check one): Complainant: _____ Authorized representative: _____
Signature: ___________________________ Date: __________________________

Submit this form by mail, email, fax, or in person at the District office

ADA Coordinator: Patrick Smith, Telephone: 916-874-4808

By Fax: 916-874-4899 By Email: psmith@airquality.org

By mail or in person: Address: 777 12th Street, 3rd Floor, Sacramento, CA 95814
FORMULARIO DE QUEJA ADA

Las quejas deben presentarse dentro de los 180 días del supuesto acto de discriminación.

Nombre de la persona que presenta la queja: _________________________________

Dirección: __________________________________________________________________

Teléfono: __________________ E-Mail: ________________________________

Requisitos de formato accesible, en su caso __________________________________________________________________

Si es aplicable:

Nombre del representante autorizado a presentar la queja: _________________________________

Dirección: __________________________________________________________________

Teléfono: __________________ E-Mail: ________________________________

Describir en detalle la presunta acción discriminatoria del Distrito:

_________________________________________________________________________

_________________________________________________________________________

Proporcionar la fecha(s), hora(s) y la ubicación(s) del incidente:

_________________________________________________________________________

¿Qué acción le gustaría que tome el Distrito para corregir la presunta discriminación?

_________________________________________________________________________

¿Hay alguna información adicional que usted desea hacer saber al Distrito acerca de su reclamo?

_________________________________________________________________________

Firma de (marque uno): autor de la queja: _____ representante autorizado: ______

Firma: ____________________________________________________________________ fecha: ______________

Envíe este formulario por correo, correo electrónico, fax, o en persona a la oficina del Distrito

Coordinador de ADA: Patrick Smith, teléfono: 916-874-4808

Por fax: 916-874-4899 Por Email: psmith@airquality.org

Por correo o en persona: Dirección: 777 12th Street, 3rd Floor, Sacramento, CA 95814