



# Greater Vallejo Recreation District

GVRD promotes wellness and healthy lifestyles by providing safe parks and innovative and fun recreation programs for all residents.

## BOARD OF DIRECTORS

Rizal Aliga  
Robert Briseño  
Stacey Kennington  
Wendell Quigley

## GENERAL MANAGER

Gabe Lanusse

## Grievance Procedure under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). It may be used by anyone who wishes to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, or benefits by the Greater Vallejo Recreation District. The District’s Personnel Policy governs employment-related complaints of disability discrimination.

A complainant is encouraged to file a grievance within 60 days of the date of becoming aware of any alleged discrimination or access violation. Failure to report an alleged violation within 180 days may impact the complainant’s ability to redress their grievance.

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Greater Vallejo Recreation District and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the General Manager or their designee.

Within 15 calendar days after receipt of the appeal, the General Manager or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the General Manager or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator or their designee, appeals to the General Manager or their designee, and responses from these two offices will be retained by Greater Vallejo Recreation District for at least three years.



**Instructions:** Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on the last page by email, mail or in person. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request. If you need accommodation to complete or submit this form, please contact the ADA/Section 504 Coordinator as indicated on this form.

1. Complainant: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Allegedly Discriminated Against: (if other than the complainant): \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts you believe were discriminating and in violation of the ADA. Provide name(s) where possible:

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5. Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what efforts have been taken and what is the status of the grievance?

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6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes\_\_\_\_\_ No\_\_\_\_\_

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

7. Do you intend to file with another agency or court? Yes\_\_\_\_\_ No\_\_\_\_\_

Agency or Court: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. Additional comments or information:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Lisa Sorvari, HR Director  
ADA/Section 504 Coordinator  
Greater Vallejo Recreation District  
395 Amador St., Vallejo, CA 94590  
Email: [LSorvari@gvrd.org](mailto:LSorvari@gvrd.org) Phone: (707) 648-4606