

# 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 lw m 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.

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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](mailto:psmith@airquality.org)  
Address: 777 12<sup>th</sup> Street, 3<sup>rd</sup> 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.

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- 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](mailto:ADA.complaint@usdoj.gov).

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## 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

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## 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