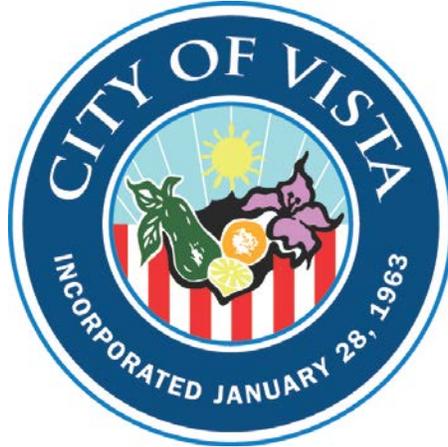


# City of Vista



## **AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT OF 1973 ACCESSIBILITY PLAN**

**Approved by City of Vista City Council:  
June 10, 2014**

**200 Civic Center Dr.  
Vista, CA 92084  
(760) 726-1340  
[www.cityofvista.com](http://www.cityofvista.com)**

**1. Public Notice of Nondiscrimination**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”) and Section 504 Rehabilitation Act of 1973 (“Section 504”), the City of Vista will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

**2. Employment**

The City of Vista does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

**3. Effective Communication**

The City of Vista will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City programs, services, and activities, including sign language interpreters, and other ways of making information and communications accessible to people who have speech, hearing or vision impairments. In addition, the City of Vista has a Limited English Proficiency (LEP) Plan which outlines reasonable accommodations for language services for individuals with limited English proficiency.

**4. Modifications to Policies and Procedures**

The City of Vista will make all reasonable modifications to policies and programs to ensure that individuals with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Requests for reasonable modifications may be made by completing an ADA Access Request Form. Forms are available from, and should be submitted to:

Jodi Vinson, Human Resources Manager/ADA Coordinator/Title VI Coordinator

200 Civic Center Drive, Vista, CA 92084

[jvinson@cityofvista.com](mailto:jvinson@cityofvista.com)

Tel: 760.639-6145 | Fax: 760.639.6146 | Free Relay Service: 711

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Vista is not accessible to a person with disabilities should be directed to:

Jodi Vinson, Human Resources Manager/ADA Coordinator/Title VI Coordinator  
200 Civic Center Drive, Vista, CA 92084  
jvinson@cityofvista.com  
Tel: 760.639-6145 | Fax: 760.639.6146 | Free Relay Service: 711

The City of Vista will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids and services or reasonable modifications of policy.

## **5. Section 504 Grievance Procedure**

This Grievance Procedure is established to meet the requirements of the ADA and Section 504. It 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 City of Vista. The City's Personnel Rules govern employment-related complaints of disability discrimination. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Written complaints should be signed by the complainant or the complainant's authorized representative. 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.

The complaint should be submitted by the complainant or the complainant's authorized representative as soon as possible but no later than 60 calendar days after the alleged violation to:

Jodi Vinson, Human Resources Manager/ADA Coordinator/Title VI Coordinator  
200 Civic Center Drive, Vista, CA 92084  
jvinson@cityofvista.com  
Tel: 760.639-6145 | Fax: 760.639.6146 | Free Relay Service: 711

Within 15 calendar days after receipt of the complaint, Jodi Vinson or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jodi Vinson or her 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 City of Vista and offer options for substantive resolution of the complaint.

If the response by Jodi Vinson or her designee does not satisfactorily resolve the issue, the complainant and her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager or the City Manager's designee (collectively, "City Manager").

Within 15 calendar days after receipt of the appeal, the City Manager will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager 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 Jodi Vinson or her designee, appeals to the City Manager, and responses from these two offices will be retained by the City of Vista for at least three years.

#### **6. Ongoing Monitoring**

This plan shall be reviewed and updated, if necessary, bi-annually. The following information will be analyzed for trends and patterns that may indicate a need for modifications or additional services:

- A. ADA Access Requests
- B. ADA Grievances filed
- C. Title VI Complaints filed
- D. Bi-annual survey of front-line staff



City of Vista  
Human Resources - ADA Office

File #:
Date:
Staff:
Closed:

### ADA Access Request Form

1. Type of Request:  Curb Ramp  Parking  Sidewalk  Bus Stop  Facility  Program

Other: \_\_\_\_\_

2. Affected Department(s) & Program: \_\_\_\_\_

3. Requestor:  Employee  Citizen  Other

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

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

4. Concern:

\_\_\_\_\_  
\_\_\_\_\_

5. Requested Accommodation/Corrective Action:

\_\_\_\_\_  
\_\_\_\_\_

6. Investigation Results/Special Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Action Taken/Time Schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Communications with Department & Requestor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This notice is available in an alternate format.  
Please contact the ADA Coordinator (760) 639-6145.

Approved: August 2010



200 Civic Center Drive  
Vista, CA 92084  
ADA COORDINATOR  
(760) 639-6145; (760) 639-6146 FAX; 711 (Free Relay Service)

## Americans with Disabilities Act (ADA) Section 504 Rehabilitation Act 1973 (Section 504) GRIEVANCE FORM

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

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

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

Description of Complaint (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Party(s) Involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Signature (Complainant or his/her authorized representative) Date

**Within 15 calendar days after receipt of the complaint, City will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, City will respond in writing and explain the position of the City and offer options for resolution. (See Grievance Procedures)**

*~ COMPLAINT MAY BE FILED VERBALLY OR IN WRITING ~*

The City of Vista is an affirmative action public entity and does not discriminate on the basis of race/color, national origin, sex, religion, age or disability in employment or the provisions of service. Please notify the City of Vista 48 hours or more prior to disability accommodations being needed