



GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT  
STATE OF CALIFORNIA • OFFICE OF GOVERNOR EDMUND G. BROWN JR.

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**DISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURE  
UNDER THE AMERICANS WITH DISABILITIES ACT**

This complaint and grievance (complaint) procedure is established in accordance with 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 on the basis of disability in the provision of services, activities, or programs, by the Governor's Office of Business and Economic Development (GO-Biz). GO-Biz's Equal Opportunity Officer governs 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. Alternative means of filing complaints, such as personal interviews, telephone interviews, or a tape recording of the complaint, will be made available upon request for persons with disabilities.

The complaint should be submitted by the complainant and/or designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Governor's Office of Business and Economic Development  
ATTN: ADA Coordinator  
1325 J Street, Suite 1800  
Sacramento, CA 95814  
Voice: (877) 345-4633  
Fax: (916) 322-0693

Within 20 calendar days after receipt of the complaint, the ADA Coordinator or designee will contact the complainant to discuss the complaint and the possible resolutions. Within 20 calendar days of the contact, the ADA Coordinator or designee will respond in writing. Responses, where appropriate, will be made in a format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain GO-Biz's findings and offer options for resolution of the complaint.

If the complainant and/or designee is dissatisfied with the response by GO-Biz's ADA Coordinator or designee, the complainant and/or designee may appeal the decision within 20 calendar days after receipt of the response. Appeals shall be filed with the Chief Deputy Director and sent to:

Governor's Office of Business and Economic Development  
ATTN: Chief Deputy Director  
1325 J Street, Suite 1800  
Sacramento, CA 95814  
Voice: (916) 322-0694  
Fax: (916) 322-0693

Within 20 calendar days after receipt of the appeal, the Chief Deputy Director or designee will contact the complainant to discuss the complaint and possible resolutions. Within 20 calendar days after the contact, the Chief Deputy Director or designee will respond in writing with a final resolution of the complaint. Responses, where appropriate, will be made in a format accessible to the complainant, such as large print, Braille, or audiotape.

All written complaints received by the ADA Coordinator or designee, appeals to the Chief Deputy Director or designee, and responses from these two offices will be retained by the GO-Biz for at least three years.

Use of this grievance procedure is not a prerequisite to the pursuit of other remedies, such as filing of a disability complaint with the U.S. Department of Justice, U.S. Equal Employment Opportunity Commission, Department of Fair Employment and Housing, or other appropriate state or federal agencies.

This document may be made available in alternate formats as a reasonable accommodation upon request.

**Title II of the Americans with Disabilities  
Complaint Form**

Persons who want to file complaints for reasons involving disability discrimination may do so by completing this form and submitting it via US mail or e-mail to the appropriate ADA coordinator at the respective facility. Additionally, you may discuss your concerns with the appropriate ADA coordinator by calling him/her directly.

<b>Name</b>	<b>Home Phone Number:</b>	<b>Work Phone Number:</b>
<b>Street Address</b>	<b>City/State/Zip Code</b>	
<b>Date of Occurrence</b>	<b>Location</b>	
<b>Complaint Description (If more space is needed, us continuation page).</b>		
<b>Signature</b>	<b>Date:</b>	