

# Americans with Disabilities Act (ADA)

## Complaint Procedure

The County of Los Angeles has adopted an informal complaint procedure for the prompt resolution of complaints alleging non-compliance by the County of Los Angeles Sheriff's Department with the Americans with Disabilities Act.

### Procedure

1. Complaints shall be filed in writing, by complainant or authorized representative. The complaint must contain the name, address, and telephone number of complainant and a brief description of alleged Department violation(s).
2. Indicate what actions you are requesting the Department to take to correct the alleged violation(s).
3. All complaints must be signed by the complainant or an authorized representative.
4. Complaints should be addressed to the Department ADA Coordinator:

**ADA Coordinator**  
**Los Angeles County Sheriff's Department**  
**Bureau of Compliance**  
**4700 Ramona Boulevard, Room 106**  
**Monterey Park, CA 91754**  
**Phone: (323) 526-5671**  
**TTY: (323) 260-5291 (Office hours only 0700-1630 hrs.)**  
**TTY: (323) 267-6669 (After hours only)**

5. You may request an informal meeting with the ADA Coordinator to discuss your complaint and the Department's investigation of it.
6. You will receive a written response from the ADA Coordinator within 60 days after the filing of your complaint.

Using this informal complaint procedure is not a requirement under federal regulations nor does it prevent you from filing a complaint with the appropriate federal enforcement agency.

If you are a current Department employee and you have an employment-related ADA complaint you should contact the Department's Intake Specialist Unit or use the existing employee grievance procedure.

Any retaliation, coercion, intimidation, threat, interference, or harassment for filing of a complaint is prohibited and should be reported immediately to the Los Angeles County Sheriff's Department's Intake Specialist Unit.

**The Complaint Form is located on page 2**

**Los Angeles County Sheriff's Department  
Americans with Disabilities Act (ADA)  
Complaint Form**

*Use this form to initiate an informal complaint procedure to investigate and resolve complaints alleging that the Los Angeles County Sheriff's Department has not complied with ADA.*

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

Complainant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ TTY: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Alleged Violations**

Describe how the County of Los Angeles Sheriff's Department has not complied with ADA in sufficient detail to make your complaint clear. Attach additional pages if necessary:

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**Requested Action**

What actions do you request the County of Los Angeles Sheriff's Department take to correct the alleged ADA non-compliance or discrimination?

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Signature of (check one):     Complainant     Authorized Representative

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**This Notice and Related Materials Are Available in Alternate Format.**