



NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT



In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the **Lake Arrowhead Community Services District** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: **Lake Arrowhead Community Services District** 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.

Effective Communication: **Lake Arrowhead Community Services District** 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 District's** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: **Lake Arrowhead Community Services District** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in **Lake Arrowhead Community Services District** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of **Lake Arrowhead Community Services District** should contact the office of the *District's General Manager, 909.336.7100* as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the **Lake Arrowhead Community Services District** 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 **Lake Arrowhead Community Services District** is not accessible to persons with disabilities should be directed to *the District's General Manager, 909.336.7100*

Lake Arrowhead Community Services District 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/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.



Lake Arrowhead Community Services District 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 on the basis of disability in the provision of services, activities, programs, or benefits by **Lake Arrowhead Community Services District**. The District's Personnel Policy 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 or a tape recording of the complaint, will be made available for persons with disabilities upon request.

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

General Manager
PO Box 700, Lake Arrowhead, CA 92352

Within 15 calendar days after receipt of the complaint, *the General Manager* or *his/her* designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, *the General Manager* or *his/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 **Lake Arrowhead Community Services District** and offer options for substantive resolution of the complaint.

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

Within 15 calendar days after receipt of the appeal, the **General Manager** or *his/her* designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **General Manager** or *his/her* 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 *General Manager* or *his/her* designee, appeals to the **General Manager** or *his/her* designee, and responses from these two offices will be retained by **Lake Arrowhead Community Services District** for at least three years.

Water / Wastewater Systems
P.O. Box 700
Lake Arrowhead, CA 92352
(909) 336-7100
(909) 337-3145 Fax