



COUNTY OF SAN BERNARDINO

NO 3-2.13

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PAGE 1 OF 2

STANDARD PRACTICE

BY Janet Serros, APO EFFECTIVE (Rev. 3/15/95)

DEPARTMENT BEHAVIORAL HEALTH  
SUBJECT DISABILITY DISCRIMINATION COMPLAINTS

APPROVED  
*James McReynolds*  
James McReynolds, Director

**I POLICY**

It is the policy of San Bernardino County Department of Behavioral Health not to discriminate on the basis of disability. Because it believes that the right to be heard is at the heart of due process, San Bernardino County Department of Behavioral Health has adopted an internal complaint procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. Section 794, and implementing regulations, 45 C.F.R. Part 84. Section 504 states, in part, that "no otherwise qualified handicapped individual . . . shall, solely by reason of handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . . ."

**II PROCEDURE**

The law and regulations may be examined in the office of Janet Serros, Assistant Personnel Officer, San Bernardino County Department of Behavioral Health, (909) 387-7056 or TDD number (909) 387-7000, who has been designated to coordinate the efforts of San Bernardino County Department of Behavioral Health to comply with Section 504.

1. Any person who believes she or he has been subjected to discrimination on the basis of disability, in contradiction of the policy stated above, may file a complaint under this procedure. It is against the law for San Bernardino County Department of Behavioral Health to retaliate against anyone who files a complaint or cooperates in the investigation of a complaint.
2. Complaints must be submitted to the Section 504 Coordinator within 30 days of the date the person filing the complaint becomes aware of the alleged discriminatory action.
3. A complaint should be in writing, containing the name and address of the person filing ("the complainant"). The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought by the complainant. The complainant shall have the right to present evidence through witnesses, documents, and exhibits.

4. The complainant shall have the right to representation.
5. The Section 504 Coordinator (or his/her designee) shall conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of San Bernardino County Department of Behavioral Health relating to such complaints.
6. The Section 504 Coordinator will issue a written decision on the complaint no later than 30 days after its filing.
7. The complainant may appeal the decision of the Section 504 Coordinator by filing an appeal in writing to Dick Dwyer, Assistant Director, 700 E. Gilbert St., Bldg. 5, San Bernardino, CA 92415, (909) 387-7056, within 15 days of receiving the Section 504 Coordinator's decision. The person hearing the appeal shall be impartial as demonstrated by the absence of prior involvement in substantive aspects of the filed complaint.
8. The Assistant Director shall issue a written decision in response to the appeal no later than 30 days from receipt of the appeal.
9. The availability and use of this complaint procedure do not preclude a person from filing a complaint of discrimination on the basis of disability or any action prohibited by the regulation implementing Section 504 of the Rehabilitation Act of 1973 with the United States Department of Health and Human Services, Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, California 94102; telephone (415) 556-8586 - Voice and TDD.
10. The Section 504 Coordinator will be responsible to make appropriate arrangements to assure that disabled persons can participate in or make use of this complaint procedure on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the hearing impaired, providing taped cassettes of material for the blind, or accessible location for the proceedings.

JS/amr

**COMPLAINT OF DISCRIMINATION ON BASIS OF DISABILITY**

TO: 504 Coordinator  
San Bernardino County Department of Mental Health  
700 East Gilbert Street, Building 5  
San Bernardino, CA 92415

I believe that I have been discriminated against because of my disability. I request your investigation of my complaint and a report of the findings and corrective actions.

Complaint Against: \_\_\_\_\_

Date of Discrimination: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Specifics of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use back if additional space required.)

Individuals you wish contacted, if any: \_\_\_\_\_

\_\_\_\_\_

Additional comments, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Anyone who, by reason of disability, has difficulty completing this form may receive assistance or may need assistance during the complaint procedure, should contact the 504 Coordinator at (909) 387-5065 or the TDD number, (909) 387-7000, 8:00 - 5:00 p.m.