



GRIEVANCE POLICY AND FORM

11/30/2023

Part 1. Grievance Policy

A. POLICY

It is the policy of The Azalea (Hereinafter referred to as “Property”) to accept, review, and resolve grievances regarding discrimination based on disability, lack of accessibility, and denial of, partial denial of, or delay in responding to any disability related request, including but not limited to, requests for Reasonable Accommodations, Auxiliary Aids, transfers to Accessible Units, or placement on waiting lists for Accessible Units.

B. SUBMITTING A GRIEVANCE

Grievances may be submitted by:

1. Any Individual with a Disability or person associated with an Individual who has a Disability, such as a family member, caregiver or visitor, who:
 - i. is a current tenant of the Property;
 - ii. has applied for a unit (accessible or otherwise) at the Property;
 - iii. has been deterred from applying for such a unit;
 - iv. has visited or attempted to visit such a unit;
 - v. has participated in or been deterred from participating in any of the Property’s programs.
2. Any representative of an individual covered by 1 above.

Grievances may be submitted using the Grievance Form (Found below, Part 2. Grievance Form), in any of the following methods:

1. in person.



GRIEVANCE POLICY AND FORM

2. by Email.
3. by telephone.
4. by U.S. Mail.

Grievances should be directed to the following Property Management Agent:

Name: Richard Kennemer

Title: Compliance Program Analyst (Grievance Coordinator)

Telephone Number: (213) 468-8261

TTY/TDD Number: 711

Email: Richard.Kennemer@eahhousing.org

The use of the Grievance Form is preferred but not required. If submitting a grievance without the Grievance Form, please include all information requested on the form.

C. GRIEVANCE PROCESS

Once the Property has received a grievance, within ten (10) business days we shall:

1. review the grievance and any supporting information;
2. provide information on how the individual who filed the grievance and/or their representative can see and copy their file and any records related to the grievance;
3. schedule a meeting between the individual who filed the grievance and/or their representative and a management agent who was not



GRIEVANCE POLICY AND FORM

involved in the original action/decision so that they can review it. At the meeting:

- i. You will be provided an opportunity to present evidence and witnesses.
- ii. You have the right to be represented or accompanied by a person of your choice at the meeting.

Once the meeting has occurred, within five (5) business days we shall:

4. Make a written determination on the issue, which states the reason for the decision and the evidence relied on in making the decision.

D. ADDITIONAL OPTIONS FOR SUBMITTING A GRIEVANCE

You may also file a grievance with the City of Los Angeles Housing Department (LAHD), submit an Americans with Disabilities Act (ADA) Title II grievance to the Los Angeles Department on Disability (DOD), as well as exercise any other rights to file an administrative complaint or legal action. You may also file complaints with the U.S. Department of Housing and Urban Development (HUD), which may investigate complaints under the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and Title II of the ADA.

The contact information for filing a grievance with the mentioned agencies is:

LAHD Accessible Housing Program (AChP)

Website : accesshousingla.org.

By Email to the LAHD AChP: lahd.achp@lacity.org.



The Azalea



GRIEVANCE POLICY AND FORM

By U.S. Mail to: Accessible Housing Program, LAHD
Attention: Settlement Coordinator
221 N. Figueroa St., Suite 1400
Los Angeles, CA 90012
By Telephone to the LAHD AcHP at: 213-808-8550

The City's Department on Disability's (DOD)

website at: <https://disability.lacity.org/>

U.S. Department of Housing and Urban Development

One Sansome Street, Suite 1200
San Francisco, CA 94104
(800) 347-3739, TTY (415) 436-6594

California Department of Fair Employment and Housing

By U.S. Mail to: 2218 Kausen Drive, Suite 100
Elk Grove, CA 95758
By Email to: contact.center@dfeh.ca.gov
By Telephone to: 800-884-1684 (voice)
800-700-2320 (TTY) or
California's Relay service at: 711

E. AVAILABILITY OF REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS AND SERVICES

An Individual with a Disability may request a Reasonable Accommodation and/or Auxiliary Aids and Services at any time during the grievance process.



GRIEVANCE POLICY AND FORM

Please let us know if you need any Reasonable Accommodations or Auxiliary Aids and Services in order to file a grievance or participate in the grievance process (see Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy).

F. CONFIDENTIALITY

To the extent possible, the Property will maintain confidentiality in regard to grievances. All information related to a disability will remain confidential to the extent provided by law and in no event will the Property publicly disclose personally identifiable information.

There may be occasions where release of information about the grievance is needed to achieve a satisfactory resolution of the issue.

Information about the individual filing the grievance or their representative will not be released to third parties except as required by law. Information released would be within the limits of the law.



GRIEVANCE POLICY AND FORM

Part 2. Grievance Form

A. GENERAL INFORMATION

1. Contact Information for Individual Who Has a Grievance:

Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Preferred Language: _____

Preferred Method of Contact, including TTY or other
format: _____

2. If Different, Contact Information For Person Completing Form:

Relationship to Individual who has the Grievance: _____

Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Preferred Method of Contact, including TTY or other
format: _____

B. GRIEVANCE INFORMATION

Please provide a description of the grievance including information to support your position. If you need more space use the back of this page. Please attach any related documents.