

*City of*  
**SACRAMENTO**

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## **Places of Public Access**

*Places of Public Access Procedure*

*Places of Public Access Complaint Form*

# CITY OF SACRAMENTO

## COMPLAINT PROCEDURE

PLACES OF PUBLIC ACCOMMODATION IN THE PRIVATE  
SECTOR  
AND  
COMMERCIAL FACILITIES  
ACCESS UNDER CALIFORNIA BUILDING CODE



COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION  
(916) 264 5011

## Places of Public Accommodation in the Private Sector and Commercial Facilities - Access Complaint Procedure

**Purpose:** This procedure outlines the process available to citizens for filing complaints regarding access to privately owned public accommodations or commercial facilities covered by the California Building Code (CBC). It also outlines how the City of Sacramento will process complaints and the information that Complainants should provide in order to ensure that the City can perform a thorough investigation.

**Applicability:** This procedure is only applicable to situations where a Complainant is alleging non-compliance in or at a privately-owned public accommodation or commercial facility; and the alleged violation is covered by the CBC. *The City has no authority or role in the enforcement of the Americans with Disabilities Act (ADA) in these situations. Complaints filed through this process can only address issues related to the CBC. For enforcement of the ADA, please contact the United States, Department of Justice [USDOJ] at [www.ada.gov](http://www.ada.gov) or 1-800-514-0301.*

### STEP 1 Filing a Complaint

Complaints may be submitted in writing, by phone or email. Complainants may utilize the attached form to file complaints. Assistance is available for persons with disabilities that impact their ability to file a complaint. This procedure and the associated form are available in alternative format, upon request. For alternative format, please contact the Department representative listed below.

All complaints must include the name, address, and phone number of the Complainant. To ensure a thorough investigation, the following information should be provided regarding the alleged violation(s): a description of the problem(s) or specific deficiency(s), time, date and location where the alleged violation(s) occurred. Complaints should be as specific as possible. It is desirable that the complaint states how the alleged violation(s) has impacted the Complainant's ability to access the goods and services offered by the entity and specify the remedy being sought. If the deficiency(s) has been discussed with anyone at the premise, please provide their name and date of discussion.

Complaints should be filed with the City of Sacramento's Community Development Department [CDD] to the attention of:

*City of Sacramento  
Community Development Department  
300 Richards Blvd., 3<sup>rd</sup> Floor  
Sacramento, CA 95811*

*PH 916-264-5011  
Or  
Just dial 311*

[ezpermit@cityofsacramento.org](mailto:ezpermit@cityofsacramento.org)

*California Relay Service 711*

## **STEP 2 Notice of Acknowledgment**

Upon receipt of complaint, CDD will send a letter to the Complainant, acknowledging that the City has received their complaint, and are proceeding to determine if the alleged violation is within the City's jurisdiction.

## **STEP 3 Determination of Jurisdiction**

CDD will review the complaint to confirm that the property is within the City's jurisdiction, and that the alleged violation is covered by the CBC subject to the City's Complaint Process. If it is determined that the issue is not under the City's Jurisdiction, the Complainant and Property/Business Owner, or *the Responsible Party* will be notified. Such notification may include information concerning the proper jurisdiction.

## **STEP 4 Complaint Investigations**

If it is determined that the issue is under the City's jurisdiction, CDD will initiate a review of the alleged violation(s) and determine if there are issues of non-compliance with the accessibility requirements of the CBC.

## **STEP 5 Resolutions**

If there is no violation, the Complainant and the Property/Business Owner or *the Responsible Party*, will be notified. If the investigation finds there is a violation, CDD will notify the Property/Business Owner or *the Responsible Party*, of his/her obligation(s). The Property/Business Owner or the Responsible Party has 90 days from the date it was confirmed that violation(s) exists to submit a plan for the commencement of action to correct the violations..

If subsequent inspection confirms that the violations have been corrected consistent with CBC, CDD will send a letter to the Property/Business Owner or *the Responsible Party*, and the Complainant indicating that violation(s) have been corrected.

If after the established time-frame, action to correct the violation(s) has not commenced, CDD will send a notification of non-compliance to the Property/Business Owner, or *the Responsible Party*, and Complainant, indicating that issue is being referred to City Code Enforcement.



**COMPLAINT FORM**  
**PLACES OF PUBLIC ACCOMMODATION IN THE PRIVATE SECTOR**  
**AND**  
**COMMERCIAL FACILITIES**  
**ACCESS UNDER CALIFORNIA BUILDING CODE**

**Instructions: Complete the entire form; be specific to your desired resolution. Attach a separate page, if more space is required.**

1. Complete the Citizen / Complainant Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E Mail: \_\_\_\_\_

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

2. Date of alleged violation (month, day, year)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Indicate the location where the alleged violation occurred:

Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

4. Please note the specific location within the facility.

5. Provide a description of the deficiency or problem (Be as specific as possible).

6. Did you discuss your concern with anyone?  Yes  No (if yes who, please provide name and contact information).

7. Give a concise statement on how the alleged violation has impacted your ability to access goods or services offered by the entity:

8. Indicate the desired resolution or remedy sought.

Signature: \_\_\_\_\_

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