



AB2404 GENDER EQUITY GRIEVANCE PROCEDURES

PURPOSE: Resolving youth athletic complaints alleging discrimination on the basis of sex.

The City will maintain gender equitable opportunities for youth who participate in sports programs and recreational activities. In the event that an inequitable situation is discovered or believed to be happening, the City provides four methods to file a grievance regarding discrimination of youth athletes or youth athletic program on the basis of sex, sexual orientation, race, nationality, ethnic origin, color, religion or disability.

1. Contact the City's Anti-Discrimination Coordinator and AB 2404 Compliance Coordinator, Bill Pallotto at (909) 399-5358, and communicate any concerns and to obtain an AB 2404 Grievance Form. Upon completion of the City's AB 2404 Grievance Form, the issue(s) will be investigated and reviewed for further action, which may include the City Manager, the City Council, the Human Services Commission, the Youth Sports Committee or any other advisory body with oversight related to the area of concern.
2. Attend a Youth Sports Committee meeting, and voice any concerns during oral communications.

After doing so:

- Youth Sports Committee may agendaize the item at an upcoming meeting for further discussion.
- During the next meeting the item will be discussed, and if it requires action, the Sports Committee may ask staff to investigate the item further, or make a Sports Committee recommendation that will be forwarded to the City Council for final approval.

3. Attend a Human Services Commission meeting, and voice any concerns during oral communications.

After doing so:

- The Commission may agendaize the item at an upcoming meeting for further discussion.
- During the next meeting the item will be discussed and if it requires action, the Commission may ask staff to investigate the item further, or make a Commission recommendation that will be forwarded to the City Council for final approval.

4. Contact the Human Services Office at (909) 399-5490, to inform the City of the complaint. The Human Services office will forward the issue to the appropriate Department Head, and if necessary to the City Manager for follow up.

The grievance procedure does not restrict the right to file a complaint with any state or federal agency responsible for the enforcements of anti-discrimination legislation.

It is the commitment of the City to confront and eliminate discrimination, providing gender equitable opportunities for all youth involved in sports and recreation programs.

The meaning of gender equitable opportunities in this City is defined as: The absence of discrimination and unfavorable treatment of citizens; the promotion of gender equitable sports and recreational programs; and the commitment to ensure equitable support of facilities, fields, and promotion of girls and boys athletics and recreational programs.



AB 2404 Grievance Form

The purpose of this form is to assist you in filing a Gender Equity complaint. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used. **NOTE: Item #12 must be signed before form is submitted.**

1. * State your name and address.

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: (_____) _____ Alternate: (_____) _____

E-mail: _____

2. * Person(s) discriminated against, if different from above:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: (_____) _____ Alternate: (_____) _____

E-mail: _____

Please explain your relationship to this person(s).

If person discriminated against is a minor (under 18 years old), please provide the following information:

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: (_____) _____ Alternate: (_____) _____

E-mail: _____

3. * Agency and department or program that discriminated:

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: (_____) _____ Alternate: (_____) _____

E-mail: _____

4. *AB 2404 Complaint: Please indicate below the basis on which you believe these discriminatory actions were taken.



_____ Race/ Ethnicity: _____

_____ National origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

_____ Sexual Orientation: _____

_____ Other: _____

5. *To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most Recent Date of Discrimination: _____

6. * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.

Please list below any persons (witnesses, fellow, employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
_____	_____	_____
_____	_____	_____

7. Do you have any other information that you think is relevant to our investigation of your allegations?

8. What remedy are you seeking for the alleged discrimination?

