



AMERICANS WITH DISABILITIES ACT (ADA) POLICY & COMPLAINT PROCEDURES

ABRAZAR, INC. (ABRAZAR) is committed to complying fully with the Americans with Disabilities Act (ADA) and other applicable federal, state, and local laws. It is the policy of ABRAZAR to comply with all federal, state and local laws and regulations regarding ADA.

Employment:

Abrazar does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulation promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication:

Abrazar will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Abrazar's programs, services and activities, including qualified sign language interpreters, documents in Braille, an other ways of making information and communications accessible to people who have speech, hearing or vision impairments.

Modifications to Policies and Procedures:

Abrazar 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, service and activities. For example, individuals with service animals are welcomed in Abrazar's offices, even where pets are generally prohibited.

Anyone who request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or active of Abrazar, should contact Araceli Solorzano, Title VI Compliance Officer, as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require Abrazar 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 Abrazar is not accessible to persons with disabilities should be directed to Araceli Solorzano, Title VI Compliance officer.

Abrazar 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.



GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

Grievance Procedure

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 Abrazar. Abrazar’s Personnel Policy governs employment-related complaints of disability discrimination.

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity administered by ABRAZAR or its sub- recipients, consultants and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and the Title VI Compliance Manager may be utilized for resolution, at any stage of the process. The Title VI Compliance Manager will make every effort to pursue a resolution of the complaint. Initial interviews with the complainant and the respondent will request information regarding specifically requested relief and settlement opportunities.

The complaint should be submitted by the grievant and/or his/her designees as soon as possible but not later than 60 calendar days after the alleged violation to Araceli Solorzano, Title VI Compliance Officer: For information or to file a complaint, contact any of the following:

- Araceli Solorzano, Title VI Compliance Officer (714) 278-4670
 - a.solorzano@abrazarinc.com
- Khanh Nguyen, HR Director (714) 278-4677
 - k.nguyen@abrazarinc.com
- Mario Ortega, COO (714) 278-4672
 - m.ortega@abrazarinc.com
- Gloria O. Reyes, CEO (714) 702-1281
 - g.reyes@abrazarinc.com
- the employee's supervisor or any other supervisor or manager;



Procedures.

1. Any individual, group of individuals or entity that believes they have been subjected to a violation of this policy may file a written complaint within 60 calendar days of the alleged occurrence or when the alleged violation became known to the complainant. The complaint must meet the following requirements:
 - a. Complaint shall be in writing and signed by the complainant(s).
 - b. Include the date of the alleged act of violation (date when the complainant(s) became aware of the alleged violation; or the date on which that conduct was discontinued or the latest instance of the conduct).
 - c. Present a detailed description of the issues, including names and job titles of those individual perceived as parties in the complained-of incident.
 - d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity (ies) of the complainant(s) and the intent to proceed with the complaint have been established. The complainant is required to mail a signed, original copy of the fax or email transmittal for ABRAZAR to be able to process it.
 - e. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to ABRAZAR for processing.
2. Upon receipt of the complaint, the Title VI Compliance Manager will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint. The TVICM will meeting the complainant within **10 business days** of the complaint being filed or arrange a telephone meeting to discuss the complaint.
3. The TVICM will complete a report based on the complaint report and meeting and will forward the completed document to the complainant for review and concurrence of the facts of the complaint. If the complainant agrees the document accurately portrays the complaint, they will sign and date the document. The form will also be signed by the TVICM.
4. In order to be accepted, a complaint must meet the following criteria:
 - a. The complaint must be filed within **60 calendar days** of the alleged occurrence or when the alleged discrimination became known to the complainant.
 - b. The allegation(s) must involve a violation of this policy.
5. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. The complainant fails to respond to requests for additional information needed to process the complaint. The complainant cannot be located after reasonable attempts. Once ABRAZAR decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within **30 calendar days**. The complaint will receive a case number and will then be



logged into ABRAZAR' records.

6. In cases where ABRAZAR assumes the investigation of the complaint, ABRAZAR will provide the respondent with the opportunity to respond to the allegation(s) in writing. The respondent will have ten (10) calendar days from the date of ABRAZAR' written notification of acceptance of the complaint to furnish his/her response to the allegation(s). Following the investigation, the TVICM will contact the complainant to discuss the findings, explain how the complaint will be resolved and the timeframe for resolution of the complaint. THE TVICM will provide a written decision of the complainant, signed and dated, which includes a finding of "Cause" or "No Cause" to believe any violation has occurred, as well as any action Abrazar will take to resolve the compliant.
7. If complainant is not satisfied with the results of the investigation of the alleged discrimination and practices, the complainant will be advised of the right to appeal to the COO OR CEO.
 - a. The complainant will be informed that they can file a complaint with the US Department of Justice Civil Rights Division at <https://www.ada.gov/complaint/>
8. The TVICM will maintain ADA complaint and related documents for 3 years from the date of the final response.

Complaint Procedure Timetable

Complaint Must be filed within	60 days
TVICM meets with Complainant within	10 days
Complaint investigate within	30 days
Final Determination made within	30 days
Complainant response to Final Determination within	10 days
Record of complaint maintained for	3 years

Para mayor información sobre el hostigamiento en el trabajo: (714) 278-4670.



ADA Complaint Form

Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Araceli Solorzano, Title VI Compliance Officer
7101 Wyoming Street, Westminster, CA 92683
P: (714) 278-4670 F: (714) 893-4819
[Email: a.solorzano@abrazarinc.com](mailto:a.solorzano@abrazarinc.com)

1. Complainant's name:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> <input type="checkbox"/> N
2. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.
3. Please provide your name and address.
Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> <input type="checkbox"/> N
4. What is your relationship to the person for whom you are filing the complaint?
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission
6. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other
7. Date of alleged discrimination (Month, Day, Year):
8. Where did the alleged discrimination take place?

