

## U.S. Department of Justice

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Civil Rights Division

Disability Rights Section - NYA 950 Pennsylvania Avenue, NW Washington, DC 20530

## Notice of Referral of Complaint for Appropriate Action

To: Mr. Rafael DeLeon,

Director, Office of Civil Rights

U.S. Environmental Protection Agency

Ariel Rios Building

1200 Pennsylvania Avenue, NW

Room 2450

Washington, D.C. 20460



Kagel Canyon, CA 91342

From: Disability Rights Section, Civil Rights Division, U.S. Department of Justice

Reference:

regarding County of Los Angeles Public Works, CA; received by DOJ on July 3, 2018

The Disability Rights Section has reviewed the enclosed complaint and in consultation with the Department of Interior determined that it raises issues that are more appropriately addressed by the U.S. Environmental Protection Agency. We, therefore, are referring this complaint to that agency for appropriate action. This letter serves to notify that agency and the complainant of this referral. The Disability Rights Section will take no further action on this matter.

To check the status of the complaint, or to submit additional information, the complainant may contact the referral agency at the address above or at the following telephone number(s):

(202) 564-7272

If the agency has any questions or concerns about this referral or believes that it raises issues outside the agency's jurisdiction, please do not hesitate to contact the Department of Justice at the address and phone number attached hereto





Civil Rights Division

Disability Rights Section

## Title II of the Americans with Disabilities Act/ Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

(b) (6) Privacy, (b) (7)(C) Enforcement Privacy Complainant:	
Address: /	
City, State and Zip Code: Kagel Canyon, Ca 91342	
Telephone: Home: (b) (6) Privacy, (b) (7)(C) Enforcement Privacy	
Business:	
Person Discriminated Against: (if other than the complainant):  Address:	
City, State, and Zip Code:	
Telephone: Home:	
Business:	
Government, or organization, or institution which you believe has discriminated:  Name: County of Kos angeles Public Works	Fle
Address: 900 S. Franort Wenne	Du
County: LOS angelos	
City: alteribra	
State and Zip Code: CA 91803	
Telephone Number: 626/458.5100	
When did the discrimination occur? Date: 04/23/2018	
Permit given by Fish + Wildlife	

Spraying Rearly Wisfort Permit of Prior working Rearly:  Softwind Rearly Wisfort Permit of Prior working rearrange and offers Sick, not to mention animals from a wildlife.  Fross and wildlife.  "Weed abatement" I am disabled with  b) (6) Privacy, (b) (7) Enforcement Privacy  Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?  Yes No.  If "yes" what is the status of the grievance? Ignored  Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?  Yes No.  If "yes":  Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:  Do you intend to file with another agency or court?	Describe the acts of discrimination providing the name(s) where possible of the individuals
# A of lef 5 Sick , Not 40 Mention and we and of lef 5 Sick , Not 40 Mention and we from a wildlife "Weel abotement" I am disabled with b) (6) Privacy, (b) (7) (C) Enforcement Privacy  Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?  Yes No  If "yes" what is the status of the grievance? Farmed.  Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?  Yes No  If "yes":  Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	who discriminated (use space on page 3 if necessary):
And offers Sick, Not to mention animals  Grays and wildlife  "Weel abatement" I am disabled with  b) (6) Privacy, (b) (7)(C) Enforcement Privacy  Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?  Yes \( \sum \) No  If "yes" what is the status of the grievance? \( \sum \) If the Department of Justice or any other Federal, State, or local civil rights agency or court?  Yes No  If "yes":  Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:  Date Filed:	
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Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?  Yes NoX	
Federal, State, or local civil rights agency or court?  Yes NoX  If "yes":  Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	If "yes" what is the status of the grievance? 1900el
Federal, State, or local civil rights agency or court?  Yes NoX  If "yes":  Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	
Yes NoX  If "yes": Agency or Court: Contact Person: Address: City, State, and Zip Code: Telephone Number: Date Filed:	
If "yes": Agency or Court: Contact Person: Address: City, State, and Zip Code: Telephone Number: Date Filed:	
Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	YesNo_X
Agency or Court:  Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	
Contact Person:  Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	If "yes":
Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	
Address:  City, State, and Zip Code:  Telephone Number:  Date Filed:	Contact Person:
Telephone Number:  Date Filed:	
Date Filed:	City, State, and Zip Code:
	Telephone Number:
	Date Filed:
Do you intend to file with another agency or court?	
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YesNo X	

Agency of Court.			Anna de la composición del composición de la com		. 24	
Address:		12 1 1				
City, State and Zip Code:	- 4	(30)		7 1	+	
Telephone Number:	*	*			(a) (b)	
			# *#5	*		
Additional space for answers:	+ *	*				
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Signature:	2.18100		
Date: 06/23/2018			

## Return to:

U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, N.W. Disability Rights Section - NYAV Washington, D.C. 20530

OMB No. 1190-0009 Exp. Date 07/31/2018 Reproduction of this document is encouraged.

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