



U.S. Department of Justice

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

(b) (6) - Privacy

South Lake Tahoe, CA 96150

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

Reference: CTS# (b) (6) - Privacy regarding City of South Lake Tahoe / TRPA / El Dorado  
County, South Lake Tahoe, CA; received by DOJ on August 29, 2016

The Disability Rights Section has reviewed the enclosed complaint and 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

DJ# (b)(6) Privacy

Rec'd 2/6/17  
RDL

Forwarded to OGC - DORCA



U.S. Department of Justice

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.

Complainant: (b) (6) - Privacy  
Address: (b) (6) - Privacy  
City, State and Zip Code: SOUTH LAKE TAHOE, CA 96150  
Telephone: Home: (b) (6) - 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: CITY OF SOUTH LAKE TAHOE, TRPA, EL DORADO COUNTY

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

County: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: CONTINUOUS SINCE 1964.



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Telephone: Home: \_\_\_\_\_  
Business: \_\_\_\_\_

Government, or organization, or institution which you believe has discriminated:

Name: CITY OF SOUTH LAKE TAHOE, TRPA, EL DORADO COUNTY

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

County: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: CONTINUOUS SINCE 1964.

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): People with immune system disabilities are much more vulnerable to injuries from airborne toxins than others who have normal health. There are no provisions in place to protect me and others with immune systems disabilities from airborne toxins known to cause cancer, that come from an "asphalt plant" located in our neighborhood.

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes X No \_\_\_\_\_

If "yes" what is the status of the grievance? All sources claim "no jurisdiction"!

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 X No \_\_\_\_\_

If "yes":

Agency or Court: DOJ, Civil Rights Division, Fraud Unit

Contact Person: Mr William Bittman

Address: P

City, State, and Zip Code: Washington, D.C.

Telephone Number: 202-305-8445

Date Filed: 2016

Do you intend to file with another agency or court?

Yes X No \_\_\_\_\_

Agency or Court: Senators, Governor, President, EPA, Dept of Housing  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Additional space for answers: There are no public entities that claim they can help disabled persons like me, who have unique vulnerabilities and are severely sensitive to airborne toxins. My spine is now disintegrating and my bone graft material in my dental work has failed to heal. My esophagus is burned out and I've been placed into formal pain management for the rest of my life. Six neighbors have died from cancer with no investigations, while our local government fails to protect us. I believe our local government is putting the rights of a private business to make profits, ahead of the health and safety of the public.

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

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

**(b) (6) - Privacy**

8/15/16

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

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