



County of Santa Cruz⁰⁰³¹

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 3, 2000

To: Board of Supervisors

Re: Claim of David Turner, No. 001-025B

Original document and associated materials are on file at the Clerk to the Board of Supervisors.

In regard to the above-referenced claim, this is to recommend that the Board take the following action:

1. Reject the claim of _____ and refer to County Counsel.
2. Deny the application to file a late claim on behalf of _____ and refer to County Counsel.
3. Grant the application to file a late claim on behalf of _____ and refer to County Counsel.
4. Approve the claim of _____ in the amount of _____ and reject the balance, if any, and refer to County Counsel.
- X 5. Reject the claim of David Turner, No. 001-025B as insufficiently filed and refer to County Counsel.

cc: Pat Pfremmer, Law Library
Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

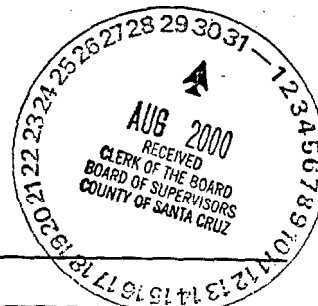
By Kim Elizabeth Baskett

001-02513

supply extra comp!

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: DAVID TURNER
Address: PO BOX 807
La Jolla, CA
Phone No: (619) 893 2512 *not necessary to call*
- P.O. Box to which notices are to be sent: only resolve issue with lib
2. Occurrence: Aug 30, 2000 - 10:00 AM
- Date: Aug 30, 2000 Place: Law Lib County
3. Circumstances of occurrence or transaction giving rise to claim: Unacceptable Pacific RPTR - need
Learning disabilities are recognised by ADA requiring
accommodation. Time and individual capacities varies from one
Library does not have Pacific Rptr - must use computer
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Replace computers with upgraded system so
person can switch & study law using shepard's
5. Name(s) of public employee(s) causing injury, damage or loss, if known: Law Libra
6. Amount claimed now resolve issue \$ over 25,000
Estimated amount of future loss, if known. loss of case \$ 1,500,000
TOTAL \$ over 25,000
7. Basis for above computations: Title 42 § 1983 Public Librarian: legal services
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction: Federal District Court
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: David Turner

Note: Claim must be presented to Clerk, Board of Supervisors, **within** six (6) months **after** the act which occasioned the injury.

Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2123).

COUNTY OF SANTA CRUZ

DISCRIMINATION OR HARASSMENT COMPLAINT FORM

NAME: DAVID TURNER WORK PHONE: 6198932512CLASSIFICATION: Student law HOME PHONE: 6198932512

DEPARTMENT: _____ DIVISION: _____

ADDRESS: PO BOX 507 La JOLLA, CA. 92038

(If an employee please indicate your:

IMMEDIATE SUPERVISOR Law Librarian WORK PHONE: _____BASIS OF COMPLAINT: ☒ Discrimination ☒ Harassment ☒ Sexual Harassment

Date of alleged act (Must be reported within 10 workingdays): _____

What action was taken against you that you believe is discrimination or harassment?

What harm if any, was caused to you in your work situation as a result of that action? Attach additional sheets and documents as needed.

Refused after hour basis on Professional status
Person who have learning disabilities are entitled
to special testing extended time on computer Law Lib. Mrs.
has no intention of extending time special use reading cases not
Number of Attachments In library

This action was taken against you as a result of: (Check all that apply)

☐ Race ☐ Color ☐ Religion ☐ National Origin ☐ Ancestry☐ Disability ☐ Medical Condition (cancer related) ☐ Marital Status☐ Sex ☐ Sexual Preference ☐ Age (over 40) ☐ Veteran Status☒ Other (Specify) Learning Disability DyslexiaExplain how/why the factor(s) checked above influenced the action(s) taken against you. referral Book
New Dictionary
require a
computer

Discriminatory practice/harassment is charged in: (Check the one(s) which apply)

☒ Recruitment ☐ Hiring/Selection ☐ Promotion ☐ Personal Treatment on the Job☐ Layoff ☐ Termination ☐ Other (Specify) _____Alleged action was reported to: ☐ Supervisor ☐ Department Head

Name, classification, sex and ethnic group of County employee(s) charged with discriminatory action: _____

Name, classification, sex and ethnic group of County employee(s) who is/are familiar with or witnessed your situation and is willing to be interviewed? _____

In what specific ways is each person named above knowledgeable regarding this matter? _____

Has sign up sheet, however does not include
Pacific RPTR. not hardcopy in library so
computer referral is required as blacks

What action would resolve this complaint to your satisfaction?

*Another computer person who have learning disabilities - handicap - switch terminal.
equal treatment attorney in practice*

I certify that the information supplied is pursuant to a complaint of discrimination and represents the substance of my complaint. I authorize the investigating official access to any personnel files kept on me. Information is true and correct to the best of my knowledge.

Complainant Name: (PRINT)

DAVID TURNER

Signature:

David Turner

Date: *Aug 31, 2000*

-----FOR AFFIRMATIVE ACTION-OFFICE USE ONLY-----

Investigation findings and recommendations:

Number of Attachments

COMPLAINT RESOLUTION DEADLINES

Date of alleged act: _____

Date of complainant discussion with supervisor (10 working days*): _____

Date of response from supervisor (5 working days): _____

Date of formal complaint to Appointing Authority: (5 working days*) _____

Date of response from Appointing Authority (10 working days): _____

Date of formal complaint to the Affirmative Action Office (5 working days*): _____

Date of report of Affirmative Action Office (20 working days from receipt): _____

Date of report mailed to complainant/Appointing Authority (20 working days): _____

Date of final decision published (5 working days from report mailed): _____

INVESTIGATING OFFICIAL: I certify that I have investigated the allegations of this complaint. *This complaint WAS / WAS NOT filed in a timely manner.

I FIND / DO NOT FIND reasonable cause to believe that discrimination based on _____ has occurred. Report is attached. This finding has been coordinated with County Counsel.

Investigating Official (PRINT):

Signature:

Date:

County Counsel Review (PRINT):

Signature:

Date:

COMPLAINANT ACKNOWLEDGEMENT: I acknowledge that the results of the above investigation has been discussed with me. I accept the findings and recommendations as presented herein, except as noted in my response attached. I have been informed of my rights to file in federal and State offices.

Complainant Name: (PRINT)

Signature:

Date: