TOWNSHIP OF EDISON ADA Complaint Policy

THE AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act of 1990 (ADA) is landmark federal legislation that opens up services and employment opportunities to the millions of Americans with disabilities. The ADA affects access to employment; state and local government programs and services; transportation, and access to places of public accommodation such as businesses, non-profit service providers; and telecommunications.

TOWNSHIP OF EDISON COMMITMENT AND COMPLIANCE

The TOWNSHIP OF EDISON is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis on their disability as provided by the Americans with Disabilities Act.

THE TOWNSHIP OF EDISON management, and all supervisors and employees share direct responsibility for carrying out The TOWNSHIP OF EDISON commitment to the ADA. The TOWNSHIP OF EDISON HUMAN RESOURCE DEPARTMENT ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. June Brescher, Human Resources Manager, coordinates internally with all appropriate offices in the investigation of complaints of discrimination, and takes a lead role in responding to requests for information about the TOWNSHIP OF EDISON civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with the TOWNSHIP OF EDISON, please contact the Township of Edison Human Resources Department via 732-404-8604 or by mail at:

Township of Edison, Human Resources, 100 Municipal Blvd, Edison, NJ 08817

What Happens to my ADA Complaint of Discrimination to the TOWNSHIP OF EDISON?

All ADA complaints of discrimination received by the TOWNSHIP OF EDISON are routed to local area management for prompt investigation and resolution. All complaints received will be investigated, so long as the complaint is received within 180 days from the date of the alleged discrimination. The TOWNSHIP OF EDISON will provide appropriate assistance (online and otherwise) to complainants who are limited in their ability to communicate in English or require accommodation. Complainants will be requested to leave contact information for follow-up about their complaints.

The TOWNSHIP OF EDISON aims to complete investigations into all complaints received, within 90 days of receipt. In instances where additional information is needed to complete an investigation, the investigator will contact the complainant using the contact information provided. Failure of the complainant to provide contact information or any requested additional information may result in a delay in resolution, or the administrative closure of the complaint. The TOWNSHIP OF EDISON has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of the TOWNSHIP OF EDISON non-discrimination policy has been established.
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Once a complaint investigation is complete, complainants will receive a notice of finding via their preferred/available mode of contact (phone, E-mail, U.S. post, etc.). If no contact information is provided, a note regarding the outcome of the investigation will be saved on file for a minimum of three years. Complainants can contact the Township of Edison Human Resources Department at any time to check on the status of their complaint.

Filing a Complaint Directly to the Federal Transit Administration:

A complainant may choose to file a Title VI complaint with the Federal Transit Administration by contacting the Administration at:

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Further questions about the TOWNSHIP OF EDISON ADA Obligations

For additional information on the Township of Edison non-discrimination obligations and other responsibilities related to ADA, please call 732-404-8604 or write to:

Township of Edison. Human Resources Department
100 Municipal Blvd., Edison, NJ 08817

PLEASE SEE COMPLAINT FORM ON NEXT PAGE
TOWNSHIP OF EDISON ADA Complaint Policy

TOWNSHIP OF EDISON ADA COMPLAINT FORM

Americans with Disabilities Act Complaint Form

The Township of Edison is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the “enter Contact information”

Complainant:

Phone:

Street Address:

City, State, Zip Code

Alt Phone:

Person Preparing Complaint (if different from Complainant):

Street Address, City, State, Zip Code

Date of Incident: _________________________

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of “Agency Name” employees involved, if available.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Description of incident continued:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One). If so, list agency/agencies and contact information below:

______________________________________________________________________________

Agency Contact Name:

______________________________________________________________________________

Street Address, City, State, Zip Code Phone:
TOWNSHIP OF EDISON ADA Complaint Policy

Agency Contact Name: ________________________________

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

______________________________________________________________________________

______________________________________________________________________________

Complainant’s Signature __________________________ Date __________

______________________________________________________________________________

Print or Type Name of Complainant

Date Received: __________________________

Received By: __________________________