

WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

DIVISION OF ADMINISTRATION • DIVISION OF AGING AND DISABILITY SERVICES
DIVISION OF TEMPORARY ASSISTANCE AND SOCIAL SERVICES

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WARREN COUNTY 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.

ADA COMMITMENT AND COMPLIANCE

Warren County and its community transportation vendor are 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.

Warren County and its community transportation vendor management, and all supervisors and employees share direct responsibility for carrying out the Warren County and its community transportation vendor commitment to the ADA. Warren County Department of Human Services – Transportation Coordinator and its community transportation vendor Operations Manager are responsible to ensure accountability in this commitment and supports all parts of the organization in meeting their respective ADA obligations. The Department and its community transportation provider will coordinate internally with all appropriate offices in the investigation of complaints of discrimination and takes a lead role in responding to requests for information about either the County or its community transportation providers civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Warren County, please contact the Warren County Department of Human Services – Transportation Coordinator via Phone: 908-475-6331, email: humanservices@co.warren.nj.us or via mail at:

Warren County Department of Human Services – Transportation Coordinator
1 Shotwell Drive
Belvidere, NJ 07823

What Happens to my ADA Complaint of Discrimination to Warren County?

All ADA complaints of discrimination received by the Department of Human Services 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 County Department of Human Services 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 Warren County Department of Human Services 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 County of Warren has a zero-tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Warren County non-discrimination policy has been established.

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 Warren County Department of Human Services – Transportation Coordinator 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 an ADA 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 Warren County's ADA Obligations

For additional information on the Warren County non-discrimination obligations and other responsibilities related to ADA, please call 908-475-6331 or write to:

Warren County Department of Human Services

1 Shotwell Drive

Belvidere, NJ 07823

SEE SAMPLE COMPLAINT FORM ON NEXT PAGE

COMPLAINT FORM

Americans with Disabilities Act Complaint Form

Warren County 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: _____ Alt Phone: _____

Street Address _____

City, State, Zip Code: _____

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 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:

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: _____