Carteret Health Department

Thomas Sica President

Yolanda Delgado Vice President

Mary Ann Chubenko Board Secretary

Susan Naples Linda Kimball Sam Minucci Christine Pogorzelski Board Members

Sultan M. Barbar Alternate Board Member Memorial Municipal Building 61 Cooke Avenue Carteret, New Jersey 07008 Phone: (732) 541-3890 Fax: (732) 541-8925



Lester JonesCounty Health Driector

Taqualla Lowman

Director, Health & Senior Services

C.M. Registrar

Diane Kish Deputy Registrar

ADA Complaint Policy for Website

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.

The Borough of Carteret Office on Aging ADA COMMITMENT AND COMPLIANCE

The Borough of Carteret Office on Aging 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 Borough of Carteret Office on Aging management, and all supervisors and employees share direct responsibility for carrying out the Borough of Carteret Office on Aging commitment to the ADA. The Borough of Carteret Office on Aging ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. 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 Borough of Carteret Office on Aging civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with the Borough of Carteret Office on Aging please contact the Borough of Carteret Office on Aging via 732-541-3890 or 61 Cooke Ave, Carteret NJ 07008, or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to the Borough of Carteret Office on Aging?

All ADA complaints of discrimination received by the Borough of Carteret Office on Aging 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 Borough of

Carteret Office on Aging 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 Borough of Carteret Office on Aging 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 Borough of Carteret Office on Aging has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of the Borough of Carteret Office on Aging 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 Borough of Carteret Office on Aging, customer service 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 Borough of Carteret Office on Aging ADA Obligations

For additional information on the Borough of Carteret Office on Aging non-discrimination obligations and other responsibilities related to ADA, please call 732-541-3890 or write to:

The Borough of Carteret Office on Aging

61 Cooke Ave

Carteret, NJ 07008

SEE COMPLAINT FORM ON NEXT PAGE

COMPLAINT FORM

Americans with Disabilities Act Complaint Form

The Borough of Carteret Office on Aging 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 Borough of Carteret Office on Aging at 732-541-3890.

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 Borough of Carteret Office on Aging employees involved, if available.	the names and titles of
	: - -
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:	
Agency Contact Name:	

I affirm that I have read the above charge an	d that it is true to the best of r	my knowledge, information, and belief.
Complainant's Signature	Date	
Print or Type Name of Complainant		
Date Received:		
Received By:		