



CUMBERLAND COUNTY OFFICE ON AGING & DISABLED

ADMINISTRATION OFFICE
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COUNTY OF CUMBERLAND AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE FOR PUBLIC TRANSPORTATION SERVICES (CUMBERLAND AREA TRANSIT SYSTEM-CATS)

The County of Cumberland has adopted a grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act. The act states, in part, that "no otherwise qualified disabled individual shall solely by reason of such disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

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 CUMBERLAND AREA TRANSIT SYSTEM'S ADA COMMITMENT AND COMPLIANCE

CATS' 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. CATS' management, and all supervisors and employees share direct responsibility for carrying out CATS' commitment to the ADA. The County of Cumberland ADA Coordinator ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations." The ADA Coordinator 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 County of Cumberland's civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with the County of Cumberland, please contact the ADA Coordinator via 856-453-2120 or 164 W. Broad Street, Bridgeton, NJ 08302, or use our online form located at www.co.cumberland.nj.us/aging/cats.

What Happens to my ADA Complaint of Discrimination to the County of Cumberland?

All ADA complaints of discrimination received by the County of Cumberland 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 of Cumberland 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 County of Cumberland 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 Cumberland has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of the County of Cumberland's 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 County of Cumberland ADA Coordinator at any time to check on the status of their complaint. A record of all such complaints, which may be in summary form, shall be kept for five years.

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 County of Cumberland's ADA Obligations

For additional information on the County of Cumberland's non-discrimination obligations and other responsibilities related to ADA, please call 856-453-2120 or write to:

The County of Cumberland
ADA Coordinator
164 W. Broad Street
Bridgeton, NJ 08302

Americans with Disabilities Act Complaint Form : The County of Cumberland/Cumberland Area Transit System

The County of Cumberland 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.

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 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: _____