

## JFS Middlesex ADA Policy and Complaint Form



### **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.

### **JEWISH FAMILY SERVICES OF MIDDLESEX COUNTY (JFS Middlesex) ADA COMMITMENT AND COMPLIANCE**

JFS Middlesex 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.

JFS Middlesex management, and all supervisors and employees share direct responsibility for carrying out JFS Middlesex commitment to the ADA. JFS Middlesex's Director of Senior Services ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The Director of Senior Services 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 JFS Middlesex civil rights obligations and operations.

### **ADA Complaints**

If you wish to file an ADA complaint of discrimination with JFS Middlesex, please contact JFS Middlesex via PHONE: 732-777-1940 or ADDRESS BELOW.

### **What Happens to my ADA Complaint of Discrimination to JFS Middlesex?**

All ADA complaints of discrimination received by JFS Middlesex are routed to the JFS Executive Director 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. JFS Middlesex 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.

JFS Middlesex 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. JFS Middlesex has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of JFS Middlesex 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 JFS Middlesex's Executive Director 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 JFS Middlesex ADA Obligations**

For additional information on JFS Middlesex non-discrimination obligations and other responsibilities related to ADA, please call 732-777-1940 or write to:

JFS Middlesex  
32 Ford Ave., 2<sup>nd</sup> Floor  
Milltown, NJ 08850

# JFS ADA COMPLAINT FORM

Americans with Disabilities Act Complaint Form

Jewish Family Services of Middlesex County (JFS Middlesex) 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 JFS Executive Director

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 JFS Middlesex 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:

\_\_\_\_\_

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: \_\_\_\_\_