

The Board of Chosen Freeholders of the County of Monmouth

DIVISION OF TRANSPORTATION

KATHLEEN LODATO
DIRECTOR

e-mail address

Kathleen.Lodato@co.monmouth.nj.us



250 CENTER STREET
FREEHOLD, NJ 07728
732-431-6485
FAX 732-845-2028

DEPARTMENT OF HUMAN SERVICES

FREEHOLDER JOHN P. CURLEY
TRANSPORTATION LIASION

e-mail address

John.Curley@co.monmouth.nj.us

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 MONMOUTH COUNTY DIVISION OF TRANSPORTATION

ADA COMMITMENT AND COMPLIANCE

The Monmouth County Division of Transportation 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 Monmouth County Division of Transportation's management, and all supervisors and employees share direct responsibility for carrying out The Monmouth County Division of Transportations commitment to the ADA. The Monmouth County Divisions of Transportation ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The Monmouth County Division of Transportation and the Monmouth County Division of Disabilities 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 Monmouth County Division of Transportations civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with The Monmouth County Division of Transportation, please contact The Monmouth County Division of Disabilities via 732-431-7000 or 3000 Kozlowski Road Freehold, N.J. 07728, or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to The Monmouth County Division of Transportation

All ADA complaints of discrimination received by The Monmouth County Division of Transportation and The Monmouth County Division of Disabilities 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 Monmouth County Division of Transportation and the Monmouth County Division of Disabilities 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 Monmouth County Division of Transportation and the Monmouth County Division of Disabilities 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 Monmouth County Division of Transportation has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Monmouth County Division of Transportations 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 Monmouth County Division of Transportation or the Monmouth County Division of Disabilities 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 Monmouth County Division of Transportation ADA Obligations

For additional information on Monmouth County Division of Transportation non-discrimination obligations and other responsibilities related to ADA, please call 732-431-6480 or write to:

The Monmouth County Division of Transportation

250 Center Street

Freehold, N.J. 07728

Americans with Disabilities Act Complaint Form

The Monmouth County Division of Transportation 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 the Monmouth County Division of Transportation 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: _____