



**COUNTY OF ESSEX**  
**DEPARTMENT OF CITIZEN SERVICES**  
**DIVISION OF SENIOR SERVICES**

Essex County Hall of Records – Room 102  
465 Dr. Martin Luther King, Jr. Blvd., Newark, NJ 07102  
973-395-8375 --- 973-395-8309 (Fax)

**Joseph N. DiVincenzo, Jr.**  
Essex County Executive

**Anibal Ramos Jr.**  
Department Director

**Marice J. Brown**  
Division Director

**ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM**

**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.

**ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM ADA COMMITMENT AND COMPLIANCE** 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.

**ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** management, and all supervisors and employees share direct responsibility for carrying out **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** commitment to the ADA. **ESSEX COUNTY DIVISION OF SENIOR SERVICES** ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. Michael Vieira, the Director of Special Transportation 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 **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** management civil rights obligations and operations.

**ADA Complaints**

If you wish to file an ADA complaint of discrimination with the **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** management please contact Michael Vieira, the Director of Special Transportation Services via (973) 395-8372 or write to Essex County Division of Senior Services, Essex County Hall of Records, 465 Dr. Martin Luther King, Jr. Blvd, Newark, NJ 07102 or use our online form (if applicable).

**What Happens to my ADA Complaint of Discrimination to ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM?**

All ADA complaints of discrimination received by **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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. **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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.

**ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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. **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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 **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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 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 ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM ADA Obligations**

For additional information on **ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** non-discrimination obligations and other responsibilities related to ADA, please call (973) 395-8372 or write to:

Essex County Division of Senior Services

Essex County Hall of Records

465 Dr. Martin Luther King, Jr. Blvd, Newark, NJ 07102

**SEE SAMPLE COMPLAINT FORM ON NEXT PAGE**

## SAMPLE COMPLAINT FORM

Americans with Disabilities Act Complaint Form

**ESSEX COUNTY COMMUNITY TRANSPORTATION PROGRAM** 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.

---

---

---

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: \_\_\_\_\_

[Type text]

Received By: \_\_\_\_\_