



## **ADA COMPLAINT POLICY**

### **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.

### **ADA COMMITMENT AND COMPLIANCE FOR THE TOWN OF SECAUCUS**

The Town of Secaucus 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.

Town of Secaucus management and all supervisors and employees share direct responsibility for carrying out the Town of Secaucus' commitment to the ADA. Gary M. Jeffas, Esquire, Town Administrator for the Town of Secaucus, ensures accountability in this commitment and supports all parts of the organization in meeting their respective ADA obligations. Gary M. Jeffas, Esquire, Town Administrator, 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 Town of Secaucus' civil rights obligations and operations.

### **ADA Complaints**

If you wish to file an ADA complaint of discrimination with the Town of Secaucus, please contact the Town of Secaucus' Administrator at (201) 330-2008 or 1203 Paterson Plank Road, Secaucus, New Jersey 07094 or use our online form at [www.Secaucusnj.gov](http://www.Secaucusnj.gov).

### **What Happens to my ADA Complaint of Discrimination to the Town of Secaucus?**

All ADA complaints of discrimination received by the Town of Secaucus 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 one hundred and eighty (180) days from the date of the alleged discrimination. The Town of Secaucus 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 Town of Secaucus aims to complete investigations into all complaints received, within ninety (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 Town of Secaucus has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of the Town of Secaucus' 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. mail, 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 (3) years. Complainants can contact the Town of Secaucus 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

### **Filing a Complaint Directly to the U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL):**

A complainant may choose to file a complaint with the U.S. Department of Homeland Security Office for CRCL by contacting the Office at:

E-mail: [CRCLCompliance@hq.dhs.gov](mailto:CRCLCompliance@hq.dhs.gov)  
Fax: 202-401-4708  
U.S. Mail: U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties Compliance Branch, Mail Stop #0190 2707 Martin Luther King, Jr. Ave., SE Washington, D.C. 20528

### **Further questions about the Town of Secaucus' ADA Obligations**

For additional information on the Town of Secaucus' non-discrimination obligations and other responsibilities related to the ADA, please call (201) 330-2008 or write to:

Town of Secaucus  
Gary M. Jeffas, Esq., Town Administrator  
Municipal Government Center  
1203 Paterson Plank Road, 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094

or

Town of Secaucus  
Julia Peschetti, Esq., Town Attorney  
Municipal Government Center  
1203 Paterson Plank Road, 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094



## Americans with Disabilities Act (ADA) Complaint Form

The Town of Secaucus 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 one hundred and eighty (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:

Town of Secaucus  
Gary M. Jeffas, Esq., Town Administrator  
Municipal Government Center  
1203 Paterson Plank Road, 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094  
(201) 330-2008

or

Town of Secaucus  
Julia Peschetti, Esq., Town Attorney  
Municipal Government Center  
1203 Paterson Plank Road, 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094

Complainant: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Alternate 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 Town of Secaucus employees involved, if available.

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Description of incident continued:

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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: \_\_\_\_\_

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Phone: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

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: \_\_\_\_\_