



Township Of Mahwah

DEPARTMENT OF SENIOR AND HUMAN SERVICES
Municipal Offices: 475 Corporate Drive
P.O. Box 733 • Mahwah, NJ 07430

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TOWNSHIP OF MAHWAH ACCESS TRANSPORTATION 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.

TOWNSHIP OF MAHWAH ADA COMMITMENT AND COMPLIANCE

Township of Mahwah is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of their disability as provided by the Americans with Disabilities Act.

Township of Mahwah management, and all supervisors and employees share direct responsibility for carrying out **Township of Mahwah** commitment to the ADA. **Township of Mahwah** "Director of Senior and Human Services" ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations". "Director of Senior and Human 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 **Township of Mahwah** civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with **Township of Mahwah**, please contact **Township of Mahwah** via (201) 529-5757 ext. 213 or mail 475 Corporate Drive, Mahwah, NJ 07430. You can also use our online form.



What happens to my ADA Complaint of Discrimination to “**Township of Mahwah**”?

All ADA complaints of discrimination received by **Township of Mahwah** 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. **Township of Mahwah** will provide appropriate assistance (online and otherwise) to complainants, who are limited in their ability to communication in English or required accommodations. Complainants will be requested to leave contact information for follow-up about their complaints.

Township of Mahwah 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. **Township of Mahwah** has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of **Township of Mahwah** 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, email, US 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 **Township of Mahwah’s** Department of Senior and Human Services, 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 contact the Administration at:

Federal Transit Administration

Office of Civil Rights

Attn: Complaint Team

East Building, 5th Floor – TCR

1200 New Jersey Avenue, SE

Washington, DC 20590

Further questions about Township of Mahwah ADA obligations

For additional information on **Township of Mahwah** non-discrimination obligations and other responsibilities related to ADA, please call (201) 529-5757 ext. 213 or write to:

Township of Mahwah

Senior and Human Service Department

475 Corporate Drive

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**TOWNSHIP OF MAHWAH ACCESS TRANSPORTATION
ADA COMPLAINT FORM**

Americans with Disabilities Act Complaint Form

Township of Mahwah 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"

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

Person Preparing Complaint – If it is different from Complainant:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____



Date of Incident: _____

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of Township of Mahwah employees involved, if available.

Have you filed a complaint with any other federal, state or local agencies? Yes _____ No _____
If so, list agency/agencies and contact information below:

Agency Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

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 Name

Date

Print Name of Complainant

Date Received

Received By