



TOWNSHIP OF MONTCLAIR

Americans with Disabilities Act (ADA) Title II

Complaint Procedure and Form

General Information

This ADA Complaint Procedure is established to fulfill the requirements of the Americans with Disabilities Act of 1990 (hereinafter “ADA”). A public entity that employs fifty (50) or more persons is required by the ADA to adopt and publish complaint procedures providing for prompt and equitable resolution of complaints or grievances alleging any action that would be prohibited by the ADA. Any person with a disability or any parent or guardian who represents a minor person with a disability who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by the Township of Montclair (hereinafter “Township”) may do so.

The ADA Coordinator shall maintain the confidentiality of all files and records relating to complaints unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference or harassment for the filing of a complaint or attempt to restrain a complainant from filing is prohibited and should be immediately reported to the ADA Coordinator.

The Township of Montclair strives to and is required under Title II of the ADA to make Township facilities, services and programs accessible to people with disabilities. If you feel that you have not been able to access Township programs, services or facilities because of an accessibility issue or have been discriminated against based on your disability, please complete and submit this Complaint Form. This complaint procedure can only address complaints under Title II of the ADA regarding services, programs or facilities of the Township. Complaints about another government entity or regarding private organizations or businesses that would be outside of the Township’s responsibility can be directed to the United States Department of Justice by dialing 1-800-514-0301

Complaint Procedure Steps

STEP 1: COMPLETE AND FILE A COMPLAINT FORM

A complainant should complete and submit the Complaint Form including all information requested. The Complaint Form should be filed with the ADA Coordinator no later than sixty (60) days after the alleged violation occurred. Alternative means of filing complaints, such as by personal interviews, will be made available for persons with disabilities upon request made to the ADA Coordinator.

STEP 2: AN INVESTIGATION WILL BE CONDUCTED

The merits of all filed complaints will be thoroughly investigated by the Township’s ADA Coordinator within thirty (30) calendar days of its receipt by the ADA Coordinator. If the investigation is estimated to take longer than 30 days, the complainant will be contacted by the ADA Coordi-

nator prior to the expiration of the 30 days. During that thirty (30) days, the ADA Coordinator will meet with the complainant or contact the complainant by phone to discuss the complaint and any and all possible resolutions.

STEP 3: WRITTEN DECISION

After the full investigation and consideration of the merits of the complaint, the ADA Coordinator shall prepare a written decision and respond to the complainant within thirty (30) days of the meeting. For any resolution to be effective, the complainant must sign and return a copy to the ADA Coordinator within the timeframe specified in the agreement.

STEP 4: APPEAL OF THE DECISION (IF APPLICABLE)

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant may file a written appeal with the Township Manager no later than fifteen (15) calendar days after receipt of the ADA Coordinator's written response. The appeal must contain a statement of the reasons why the complainant is not satisfied with the written response. It must be signed by the complainant or by someone authorized to sign on the complainant's behalf. The Township Manager (or a designee) will review the appeal and, within ninety (90) days of receipt of the written appeal, respond in writing with a final resolution regarding the complaint and appeal. The decision of the appeal reviewer shall be final.



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This Complaint/Grievance Form is only used for complaints to the Township of Montclair (hereinafter "Township") ADA Coordinator under Title II of the ADA regarding Township services, programs, or activities. The Township ADA Coordinator cannot act on complaints regarding other entities, including other state agencies, local units of government, and private businesses. Any complaints of ADA violations by these other entities can be addressed directly to the entity itself or the United States Department of Justice by dialing 1-800-514-0301.

Instructions:

Please fill out this form completely. A printed or typed response is recommended. Please sign where indicated and submit to the ADA Coordinator at the address below. If you require an accommodation to complete or submit this form, please contact the ADA Coordinator.

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Complainant Name:

Person Preparing Complaint (if different than Complainant):

Relationship to Complainant (if different than Complainant):

Street Address, City, State, Zip Code:

Phone Number:

Mobile Phone Number:

Email Address:

Name of Person Discriminated Against (if different than Complainant):

Street Address, City, State, Zip Code:

Phone Number:

Mobile Phone Number:

Email Address:

Describe the basis for your complaint including the Township service, program or activity involved; relevant dates and locations; and names of Township staff (if known):

Please state what you think should be done to resolve the complaint:

Has this complaint been filed with another government agency? If so, please specify which:

I hereby Certify that the above information is true to the best of my knowledge and is an accurate statement of my complaint under Title II of the Americans with Disabilities Act.

Complainant's Signature

Date

If you have questions about this form, need an accommodation, or to request a different format of filing a complaint, please contact the Interim ADA Coordinator, Bruce M. Morgan at 973 509-4935 or email: adacoordinator@montclairnjusa.org

Please complete, sign and return Form to:

Township of Montclair
Attn: Bruce M. Morgan, Interim ADA Coordinator
205 Claremont Avenue, Montclair, NJ 07042
Or email to: adacoordinator@montclairnjusa.org