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.

“AGENCY NAME” ADA COMMITMENT AND COMPLIANCE

Township of Cranford 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.

Township of Cranford management, and all supervisors and employees share direct responsibility for carrying out Township of Cranford commitment to the ADA. Township of Cranford’s Recreation & Parks Department ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The Recreation & Parks Department 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 Cranford civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with the Township of Cranford please contact the Township of Cranford at 908-709-7200 or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to “AGENCY NAME”?

All ADA complaints of discrimination received by the Township of Cranford 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 Township of Cranford 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 Township of Cranford 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 Township of Cranford has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of The Township of Cranford 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 Township of Cranford 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 Township of Cranford’s ADA Obligations

For additional information on The Township of Cranford’s non-discrimination obligations and other responsibilities related to ADA, please call 908-709-7200 or write to:
The Township of Cranford
8 Springfield Avenue
Cranford, NJ 07016

SEE SAMPLE COMPLAINT FORM ON NEXT PAGE

COMPLAINT FORM

Americans with Disabilities Act Complaint Form

The Township of Cranford 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: __________________________
Received By: __________________________
REASONABLE MODIFICATION

The Township of Cranford recognizes that disabilities are as diverse as the individuals they serve and recognizes the need to make reasonable modifications to its policies, regarding assistance offered to passengers who may require additional assistance to use its services.

Under Title II of the ADA, state and local governments are required to make reasonable modifications to policies, practices and procedures where necessary to avoid discrimination.

For those riders who require additional assistance, the Township of Cranford will endeavor to accommodate all reasonable modification requests for such assistance by following procedures outlined below:

1. Riders must inform the Township of Cranford of the need and specific type of additional assistance requested at the time ride reservation is made.
2. Reservationist will advise Dispatcher of the specific rider need/request. Dispatcher will log the information within the client information system and determine the resources required to accommodate rider.
3. The Dispatcher will evaluate the request and report to the Director of Transportation whether the request is reasonable to perform.
4. If the Director of Transportation deems the service requested to be unreasonable to perform or to repeat on a regular basis, he/she must cite specific reasoning to support the finding and inform the Recreation Director and Township Administrator.
5. If the Township of Cranford concurs with the finding of the Recreation Director and Township Administrator, the rider must be so informed via phone call at least 48 hours before the requested/scheduled trip. The finding must also be communicated to the rider expeditiously by written correspondence.
6. Riders may appeal any such decisions by following established ADA grievance procedures. Complaints that a County program, service or activity is not accessible to persons with disabilities should be directed to the Recreation Director and Township Administrator.

A Complainant may also file a complaint with the US Department of Transportation by contacting the Department at: US Department of Transportation, Office of Civil Rights,

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590