



Township of Lakewood

DEPARTMENT OF PUBLIC WORKS
LAKEWOOD, NEW JERSEY 08701
732-905-3405 • FAX: 732-367-5401



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.

LAKEWOOD TOWNSHIP ADA COMMITMENT AND COMPLIANCE

Lakewood Township 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.

Lakewood Township management, and all supervisors and employees share direct responsibility for carrying out Lakewood Township commitment to the ADA. Lakewood Township Jose Santiago ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. Jose Santiago 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 Lakewood Township civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Lakewood Township, please contact Lakewood Township via 732-905-3405 or One America Avenue Lakewood, NJ 08701, 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 Lakewood Township 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. Lakewood Township 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.

Lakewood Township 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





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information or any requested additional information may result in a delay in resolution, or the administrative closure of the complaint. Lakewood Township has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Lakewood Township 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 Lakewood Township 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 Lakewood Township \ADA Obligations

For additional information on Lakewood Township non-discrimination obligations and other responsibilities related to ADA, please call 732-905-3405 or write to:

Lakewood Township
One America Avenue Lakewood, NJ 08701

SEE SAMPLE COMPLAINT FORM ON NEXT PAGE





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COMPLAINT FORM

Americans with Disabilities Act Complaint Form

Lakewood Township 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 Lakewood Township 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:





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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: _____

