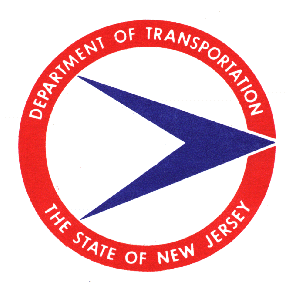
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**New Jersey Department of Transportation  
Grievance Procedure under  
the Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA").  It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the New Jersey Department of Transportation “NJDOT”.  The NJDOT'sPersonnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.  Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than **180** days after the alleged violation.

To file a complaint with NJDOT Division of Civil Rights and Affirmative Action, you may contact the ADA/504 Coordinator at the following address, phone number, or email:

**Chrystal Section, ADA/504 Coordinator**

**New Jersey Department of Transportation, Division of Civil Rights**

**1035 Parkway Avenue, Trenton, New Jersey, 08625**

**Main Office Building, 2nd Fl.**

**Phone: (609) 963-2046, Fax: (609) 530-4030**

[**DOT-CivilRights.ADA@dot.nj.gov**](mailto:DOT-CivilRights.ADA@dot.nj.gov)

**Monday-Friday, 9:00 AM-5:00 PM**

To file a complaint with the United States Department of Transportation, please contact them at the following address, phone number, or email:

**Federal Highway Administration**

**U.S. Department of Transportation**

**Office of Civil Rights**

**1200 New Jersey Avenue, SE**

**8th Floor E81-105**

**Washington, DC 20590**

**Phone: 202-366-0693**

**Fax: 202-366-1599**

**TTY: 202-366-5132**

**Email:** [**CivilRights.FHWA@dot.gov**](mailto:CivilRights.FHWA@dot.gov)

1. A grievance may be filed in writing or orally but should contain the name and address of the person filing it, and briefly describe the alleged violation. A form for this purpose is available from the designated ADA coordinator. In cases of employment related grievances, the procedures established by the Department of Personnel, N.J.A.C. 4A:7-1.1et seq. will be followed where applicable.

2. A grievance should be filed promptly within 180 days after the grievant becomes aware of the alleged violation. (Processing of allegations of discrimination which occurred before this grievance procedure was in place will be considered on a case-by-case basis.)

3. An investigation, as may be appropriate, will follow the filing of a grievance. The investigation will be conducted by the agency's designated ADA Coordinator. The rules contemplate informal but thorough investigations, affording all interested persons and their

representatives, if any, an opportunity to submit evidence relevant to a grievance.

4. In most cases a written determination as to the validity of the grievance and a description of the resolution, if any, will be issued by the designated decision maker and a copy forwarded to the grievant no later than 120 days after its filing.

5. The ADA coordinator will maintain the files and records of the agency relating to the grievances filed.

6. The right of a person to a prompt and equitable resolution of the grievance filed

hereunder will not be impaired by the person's pursuit of other remedies such as the filing

of an ADA grievance with the responsible Federal department or agency or the New Jersey

Division on Civil Rights. Use of this grievance procedure is not a prerequisite to the pursuit

of other remedies.

7. The rules will be construed to protect the substantive rights of interested persons, to meet appropriate due process standards and to assure that the agency complies with the ADA and implementing Federal rules.

All inquiries regarding the agency's compliance with the ADA and the availability of accommodation which would allow a qualified individual with a disability to receive services or

participate in a program or activity provided by the agency should be directed to the

designated coordinator identified in (a) above.

All grievances alleging that the agency has failed to comply with or has acted in a way

that is prohibited by the ADA should be directed to the designated ADA coordinator identified in

this section, in accordance with the procedures set forth in N.J.A.C. 16:1B-4.

A grievance alleging that the agency has failed to comply with the ADA or has acted in a way that is prohibited by the ADA shall be submitted either in writing or orally to the designated ADA coordinator within 180 days of the grievant becoming aware of the alleged violation.

Upon receipt of a grievance, the designated ADA coordinator will notify the grievant of the receipt of the grievance and the initiation of an investigation into the matter. The designated ADA coordinator will also indicate a date by which it is expected that the investigation will be completed, which date shall not be later than 120 days from the date of receipt of the grievance unless a later date is agreed to by the grievant.

Upon completion of the investigation, the designated ADA coordinator shall prepare a report for review by the designated decision maker for the agency. The designated decision maker shall render a written decision within 120 days of receipt of the grievance, if practicable or unless a later date is agreed to by the grievant, which decision shall be transmitted to the grievant and/or the alternate contact person if so designated by the grievant.

You have the right to appeal this decision. If you wish to appeal this decision, however you must submit a written appeal to:

**Federal Highway Administration**

**U.S. Department of Transportation**

**Office of Civil Rights**

**1200 New Jersey Avenue, SE**

**8th Floor E81-105**

**Washington, DC 20590**

**Phone: 202-366-0693**

**Fax: 202-366-1599**

**TTY: 202-366-5132**

**Email:** [**CivilRights.FHWA@dot.gov**](mailto:CivilRights.FHWA@dot.gov)

Your appeal must be postmarked or delivered within 20 days of your receipt of this determination.  It must include a copy of this determination, the reason for the appeal and the specific relief requested.

Recipients shall keep on file for one year all complaints of noncompliance received. A record of all such complaints, which may be in summary form, shall be kept for five years. (49 CFR 27.121(b)). The NJDOT ADA/504 coordinator is responsible for complaint maintenance.

NJDOT prohibits retaliation for filing a grievance, complaint or participation in the process and any allegations will be promptly and fully investigated.

All complaints received are logged onto the “ADA Complaints Record Check Sheet”, which is maintained by the ADA/504 coordinator. The check sheet is an ongoing document used to track the complaint process. When the coordinator receives a call or complaint from an individual or FHWA the information is logged onto the sheet under these fields: **Case No., Complainant, Respondent, Agency Filed With; Date Filed, Bases, Date of Report, and Decision**.

The coordinator investigates the complaint as per FHWA instruction and ADA Guidelines. Once the complaint is resolved a date is entered. A hard copy of the check sheet is stored in the coordinator’s ADA file cabinet.

**New Jersey Department of Transportation**

**ADA/504 Complaint/Grievance Form**

Name of Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Preparing Complaint (if different from Grievant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Preparer to Grievant (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of grievance:**

Please describe the nature of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program or activity.

Please include the **date** and as much detail as possible on the **location** of the alleged violation. Use additional pages or attachments to substantiate your description.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed resolution or accommodation:**

Please describe what you believe should be done to resolve the grievance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Grievant/Preparer Date

**Please return this form in hard copy or e-mail it to:**

**Chrystal Section, ADA/504 Coordinator**

**New Jersey Department of Transportation, Division of Civil Rights**

**1035 Parkway Avenue, Trenton, New Jersey, 08625**

**Main Office Building, 2nd Fl.**

**Phone: (609) 963-2046, Fax: (609) 530-4030**

[**DOT-CivilRights.ADA@dot.nj.gov**](mailto:DOT-CivilRights.ADA@dot.nj.gov)

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA/504 Coordinator listed above.