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 TEANECK ADA COMMITMENT AND COMPLIANCE

The Township of Teaneck 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.

The Township of Teaneck’s management, and all supervisors and employees share direct responsibility for carrying out Township of Teaneck’s commitment to the ADA. The Recreation Department of the Township of Teaneck ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The Township Manager’s Office coordinates internally investigation of complaints of discrimination, and takes a lead role in responding to requests for information about the Township of Teaneck’s civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with the Township of Teaneck, please contact the Township Manager’s Office at 201-837-1600 ext. 1003 or 818 Teaneck Road, or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to the Township of Teaneck?

All ADA complaints of discrimination received by the Township of Teaneck 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 Teaneck 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 Teaneck 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 Teaneck has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of the Township of Teaneck’s 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 Manager’s Office at 201-837-1600 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 an ADA 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 Teaneck’s ADA Obligations

For additional information on the Township of Teaneck’s non-discrimination obligations and other responsibilities related to ADA, please call 201-837-1600 ext. 1003 or write to:

Township of Teaneck
818 Teaneck Road
Teaneck, NJ 07666

COMPLAINT FORM ON NEXT PAGE
The Township of Teaneck 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 Township Manager’s Office at 201-837-1600 ext. 1003.

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 Township of Teaneck’s employees involved, if available.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Description of incident continued:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Continued on Next Page
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: ______________________