

Non-Discrimination Policy

NOTICE TO THE PUBLIC

To date, the Hudson County Department of Health and Human Services/ Transcend Division has had no lawsuits or administrative complaints brought against it alleging discrimination in any form. However to make Transcend riders aware of its commitment to adhere to Title VI guidelines, and of their right to file a civil rights complaint, Transcend will present the following posting on its official website, in County facilities open to the general public and on Transcend buses:

*Transcend gives public notice of its policy to assure full compliance with Title VI of the Civil Rights Act of 1964, and all related statutes. In accordance with Title V of the Civil rights Act of 1964, Transcend operates its programs and services without preference or exclusion to services in reference to race, color, gender economic status, language proficiency or national origin. Any person, who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI, may file a complaint in writing to the Department of Health and Human Services/Transcend Division. To file a complaint or for additional information on the Department of Health and Human Services/Transcend Division obligations under Title VI write to: 595 County Avenue Secaucus, NJ 07094 or visit the Transcend website at: **hudsoncountynj.org/about-transcend***

The transportation services provided by this agency are in whole or part funded through federal financial assistance received through NJ TRANSIT. As an individual you also have the right to file your complaint under Title VI to the Federal Transit Administration by writing to: FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact the Transcend Division at 201-369-4320.

Title VI Complaint Procedures

In addition to the above notice, Transcend has established a process for consumers to file a complaint under Title VI. Any individual or group of individuals that believes that she or he has been discriminated against on the basis of race, color, gender, age, national origin, English proficiency or economic status by the Hudson County Department of Health and Human Services/ Transcend Division (“the Authority”), may file a Title VI complaint in writing by completing and submitting the authority’s Title VI Complaint Form located in the appendix. The Authority investigates complaints received no more than 180 days after the alleged incident. The Authority will only process complaints that are complete.

Complaints will be accepted in writing and may be filed at Hudson County Department of Health and Human Services/Transcend Division 595 County Ave. Secaucus, NJ 07094. A signed written complaint must be submitted within 180 days of the alleged discriminatory act (or latest occurrence). Individuals may also file complaints directly with the US Department of Transportation (USDOT), and/or the Federal Transit Administration (FTA). Complaints filed directly to the FTA shall be addressed to FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

Complaints may also be filed by:

- Calling Transcend at 201-369-4320 or
- Emailing Transcend at transcend@hcnj.us

Complaints should include, at a minimum, the following information:

- The name, address, and telephone number where the Complainant can be reached during business hours;
- A general description of the person or class of persons injured by the alleged discriminatory acts; and
- A description of the alleged discriminatory acts in sufficient detail to enable Transcend to understand what occurred, when it occurred, and the basis of the alleged discrimination complaint (race, color, or national origin).

The complaint must be signed and dated by the person filing the Complaint or by someone authorized to do so on his or her behalf. See Appendix B for a Copy of the Complaint Form.

Procedure Upon Receiving The Complaint

Once the Authority receives the complaint, the Authority will refer it to the County’s Law Department for review.

The Law Department will assign a file number and determine whether the complaint is valid under applicable law.

The complainant will receive an acknowledgment letter informing him or her whether the complaint will be investigated.

With respect to a complaint that will be investigated, the Authority has 30 days from the date of the acknowledgment letter to perform the investigation, subject to the complexity of the complaint and the availability of witnesses.

If more information is needed to resolve the case, the investigator may contact the complainant. The complainant has 10 days from the date of the investigator’s request for additional information to respond to the investigator. If the complainant is able to provide the additional information, he or she has 10 days to do so. If the complainant does not respond to the investigator’s request, if the complainant does not provide the additional information, or if the complainant does not wish to pursue the case, the Authority can administratively close the case.

After an investigation, the Authority will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF).

A closure letter summarizes the allegations, states that a Title VI violation was not found, and advises that the case will be closed.

A LOF summarizes the allegations, the investigation information, and the Authority's findings. The LOF will also describe the action to be taken by the County; e.g., steps to improve service, additional training of staff.

A complainant may appeal the Authority's decision to the Federal Transit Administration. The contact information for the Federal Transit Administration appears below.

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

A complainant may also file a complaint directly with the Federal Transit Administration.

If information is needed in another language, please contact telephone number 201-369-4320 or email your request to: ***transcend@hcnj.us***

Hudson County Transcend Complaint Form

Title VI of the 1964 Civil Right Act requires that “No Person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

If you believe you or a group of individuals has been subject to discrimination, please complete the following form. If you require assistance, please contact Transcend and we will provide guidance.

The completed complaint form can be mailed or emailed to the following address:

***Hudson County Department of Health and Human Services/ Transcend Division
595 County Avenue, Building 1
Secaucus, NJ 07094
Telephone 201-369-4320/
Email: transcend@hcnj.us***

A. Complainant's information:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

Accessible Format Requirements? (Select one or more, if applicable)

- Large Print
- TDD
- Audio Tape
- Other (specify) _____

B. Person discriminated against (if someone other than complainant):

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

- Yes
- No

C. Which of the following best describes the reason you believe the discrimination took place?

_____ Race _____ Color _____ National Origin

Other:

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Other:

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency _____
Federal Court _____
State Agency _____
State Court _____
Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

G. Please describe the action you would like the County to take in order to remedy the alleged discrimination.

H. Submit form and any additional information to:

***Hudson County Department of Health and Human Services/ Transcend Division
595 County Avenue, Building 1
Secaucus, NJ 07094
Telephone 201-369-4320/
Email: transcend@hcnj.us***

Complaints may also be filed directly with:

**Federal Transit Administration
FTA Office of Civil Rights
1200 New Jersey Avenue SE, Washington, NJ 20590**

I. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Attachments: Yes _____ No _____

Print name: _____

Signature

Date

Title VI Complaint Tracking Log

As a recipient of Federal financial assistance and in accordance with the Title VI of the Civil Rights Act of 1964, the Department of Health and Human Services-Transcend Division will prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and
- Complaints naming the Authority.

This list shall include the date that the transit-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the Authority in response, or final findings related to the investigation, lawsuit, or complaint.

The following is a sample form that will be used to track Transit Related Title VI Investigations, Complaints, and Lawsuits.

| | Date (Month, Day, Year) | Summary (include basis of complaint: race, color, or national origin) | Status | Action(s) Taken |
|-----------------------|----------------------------|---|--------|-----------------|
| Investigations | | | | |
| 1. | | | | |
| 2. | | | | |
| Lawsuits | | | | |
| 1. | | | | |
| 2. | | | | |
| Complaints | | | | |
| 1. | | | | |
| 2. | | | | |