



COUNTY OF HUDSON

Department of Health & Human Services

Division of TRANSCEND

830 Bergen Avenue, Floor 8A

Jersey City, New Jersey 07306

PHONE: 201-369-4320

FAX:201-369-4318

THOMAS A. DeGISE

County Executive

DARICE TOON

Director

NICOLE HARRISON-GARCIA

Deputy Director

JAMES OSTASZEWSKI

Transportation Coordinator

NOTICE TO THE PUBLIC

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.

Hudson County Department of Health and Human Services – TRANSCEND Division ADA Commitment and Compliance

The County of Hudson, Department of Health and Human Services - TRANSCEND Division is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of his or her disability, as provided by the Americans with Disabilities Act.

The County of Hudson management and all supervisors and employees share direct responsibility for carrying out the County of Hudson's commitment to the ADA. The County of Hudson, Department of Health and Human Services - TRANSCEND Division ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The County of Hudson, Department of Health and Human Services - TRANSCEND Division 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 the County of Hudson's civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint with the County of Hudson, please complete the attached complaint form and submit to Personnel Director, Elinor Gibney at the Department of Finance-Division of Personnel, phone number 201-795-6255, fax number 201-369-3424 or submit your complaint by e-mail to: egibney@hcnj.us.

What Happens to my ADA Complaint of Discrimination to the County of Hudson?

All ADA complaints of discrimination received by the County of Hudson are routed to Elinor Gibney, Deputy Director of the Department of Finance, 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 complaint. The County of Hudson 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 provide contact information for follow-up about their complaints.

The County of Hudson aims to complete investigations into all complaints received within 90 days of receipt. In instances where additional information is needed to complete an investigation, an 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 County of Hudson has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Hudson County'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 County of Hudson, Department of Health and Human Services - TRANSCEND Division 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 related complaint directly with the Federal Transit Administration by contacting the following offices:

***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 County of Hudson ADA Obligations

For additional information on Hudson County's non-discrimination obligations and other responsibilities related to ADA, please call 201-795-6255 or write to:

***Department of Finance/Division of Personnel
567 Pavonia Avenue, 2nd Floor
Jersey City, NJ 07306
201-795-6255
Or Email: egibney@hcnj.us***



COUNTY OF HUDSON
Department of Health & Human Services
Division of TRANSCEND
830 Bergen Avenue, Floor 8A
Jersey City, New Jersey 07306
PHONE: 201-369-4320
FAX:201-369-4318

THOMAS A. DeGISE
County Executive

NICOLE HARRISON-GARCIA
Deputy Director

DARICE TOON
Director

JAMES OSTASZEWSKI
Transportation Coordinator

The County of Hudson 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 Americans with Disabilities Act ("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 County of Hudson will attempt to accommodate all reasonable modification requests for such assistance by following procedures outlined below:

1. Riders must inform the Department of Health & Human Services - TRANSCEND Division of the need and specific type of additional assistance requested at the time a ride reservation is scheduled.
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 each rider.
3. The Dispatcher will evaluate the request and report to the Coordinator of Transportation whether the request is reasonable to perform.
4. If the Coordinator 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 rider accordingly.
5. If the County of Hudson, Department of Health & Human Services - TRANSCEND Division concurs with the finding of the Coordinator, the rider must be informed via phone contact 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 James Ostaszewski, Coordinator at Dept. of HHS – TRANSCEND Division, Floor 8A, 830 Bergen Avenue, Jersey City, NJ 07306.

A complaint may also be filed directly with the US Department of Transportation by contacting, the 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



COUNTY OF HUDSON
Department of Health & Human Services
Division of TRANSCEND
830 Bergen Avenue, Floor 8A
Jersey City, New Jersey 07306

Americans with Disabilities Act Complaint Form

The County of Hudson 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 James Ostaszewski, Coordinator of Transportation, TRANSCEND Division, 201-369-4320. Following the completion of the complaint form, it will be forwarded to Elinor Gibney, Director of Personnel Division.

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 complaint, including the location(s), bus number, if applicable. Provide the names and titles of County of Hudson, Department of Health & Human Services – TRANSCEND Division employees involved, if available:

Description of incident continued:

Description of incident continued:

Have you filed this 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 and Phone:

Agency Contact Name:

Street Address, City, State, Zip Code and Phone:

I affirm that I have read the above complaint 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: _____