



COUNTY OF HUDSON
Department of Aging & Veterans Affairs
Division of TRANSCEND
830 Bergen Avenue, Floor 8A
Jersey City, New Jersey 07306

CRAIG GUY
County Executive

**JOANN
NORTHGRAVE**
Deputy Director

LISA PRUSKO
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 Aging and Veterans Affairs – TRANSCEND Division ADA Commitment and Compliance

The County of Hudson, Department of Aging and Veterans Affairs - 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 Aging and Veterans Affairs - 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 Aging and Veterans Affairs - 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 of discrimination with the County of Hudson, please contact the Department of Aging and Veterans Affairs - TRANSCEND Division by phone at 201-369-4320 or by mail at 830 Bergen Avenue, Building 8A, Jersey City, NJ 07306 or use our online form.

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 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 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 leave 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, 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 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 Aging and Veterans Affairs - 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 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 County of Hudson ADA Obligations

For additional information on Hudson County's non-discrimination obligations and other responsibilities related to ADA, please call 201-369-4320 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***



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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 the County of Hudson, Department of Aging and Veterans Affairs – TRANSCEND Division at 201-369-4320

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 County of Hudson, Department of Aging & Veterans Affairs – TRANSCEND Division employees involved, if available:

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 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: _____