ADA Complaint Policy for Website

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.

ADA COMMITMENT AND COMPLIANCE, Fort Lee Parking Authority,

Fort Lee Parking Authority 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 Ac:

Fort Lee Parking Authority management, and all supervisors and employees share direct responsibility for carrying out Fort Lee Parking Authority commitment to the ADA. Fort Lee Parking Authority Asst. Director Pat Rumi ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations.” Asst. Director Pat Rumi 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 Fort Lee Parking Authority civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Fort Lee Parking Authority please contact Fort Lee Parking Authority via 201-592-3500 Ext 1518 or 309 Main St, Fort Lee NJ 07024 or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to Fort Lee Parking Authority?

All ADA complaints of discrimination received by Fort Lee Parking Authority 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. Fort Lee Parking Authority 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.

Fort Lee Parking Authority 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. Fort Lee Parking Authority has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Fort Lee Parking Authority non-discrimination policy has been established.
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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 Fort Lee Parking Authority Customer Service 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 a Title VI 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 Fort Lee Parking Authority ADA Obligations

For additional information on Fort Lee Parking Authority non-discrimination obligations and other responsibilities related to ADA, please call 201-592-3500 Ext. 1518 or write to:

Fort Lee Parking Authority
P.O. Box 1113
Fort Lee, NJ 07024
COMPLAINT FORM

Americans with Disabilities Act Complaint Form

Fort Lee Parking Authority 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 "enter Contact information"

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 Fort Lee Parking Authority employees involved, if available.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Description of incident continued:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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: __________________