CAREGIVER VOLUNTEERS OF CENTRAL JERSEY (ADA) POLICY

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.

CAREGIVER VOLUNTEERS OF CENTRAL JERSEY ADA COMMITMENT AND COMPLIANCE

Caregiver Volunteers of Central Jersey (CVCJ) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis on their disability as provided by the Americans with Disabilities Act.

CVCJ management, and all supervisors and employees share direct responsibility for carrying out Caregiver Volunteers commitment to the ADA. Colleen Sweeney, Manager of Volunteers at Caregiver Volunteers ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. CVCJ Staff coordinate internally with all appropriate personnel and volunteers in the investigation of complaints of discrimination, and takes a lead role in responding to requests for information about CVCJ civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Caregiver Volunteers of Central Jersey, please contact Colleen Sweeney, Caregiver Volunteers of Central Jersey via (732) 505-2273 or 67 Route 37 West, Riverwood Plaza 2 Ste 201, Toms River, NJ 08755 or use our online Complaint Form.

What Happens to my ADA Complaint of Discrimination to Caregiver Volunteers of Central Jersey?

All ADA complaints of discrimination received by CVCJ are routed to local area manager 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. CVCJ 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.

CVCJ 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. CVCJ has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of CVCJ 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. postal delivery, 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 CVCJ 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 Caregiver Volunteer of Central Jersey ADA Obligations**

For additional information on CVCJ non-discrimination obligations and other responsibilities related to ADA, please call (973) 315.0000 or write to:

**Caregiver Volunteers of Central Jersey**
**Attn: Colleen Sweeney**
**67 Route 37 West**
**Riverwood Plaza 2 Ste 201**
**Toms River, NJ 08755**

CVCJ 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:

**Caregiver Volunteers of Central Jersey**
**Attn: Colleen Sweeney**
**67 Route 37 West**
**Riverwood Plaza 2 Ste 201**
**Toms River, NJ 08755**
**Direct Phone: 732-505-2273 ext**

**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 CVCJ employees or Volunteers 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: ___________________________