

Title VI Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color or national origin by the New Jersey Institute of Disabilities (hereinafter referred to as “the Agency”) may file a Title VI complaint by completing and submitting the Agency’s Title VI Complaint Form. The New Jersey Institute for Disabilities investigates complaints received no more than 180 calendar days after the alleged incident. The Agency will process complaints that are complete.

Once the complaint is received the Agency will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Agency has 90 calendar days to investigate the complaint. If more information is needed to resolve the case, the Agency may contact the complainant. The complainant has 20 calendar days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 20 calendars days, the Agency can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of the two letters to the complainant: a closure letter or a Letter of Finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regard the alleged incident and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 10 calendar days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

New Jersey Institute for Disabilities Title VI Complaint Form

The following information is needed to assist in processing your complaint.

Section A: Complainant's information:

Name:

Address:

City/State/Zip:

Telephone Number (Home):

Telephone Number (Work):

Telephone Number (Cell):

Email Address:

Accessible Format Requirements? (Select all that apply)

Large Print

TDD

Audio Tape

Other:

Section B: Person discriminated against (if other than complainant):

Name:

Address:

City/State/Zip:

Telephone Number (Home):

Telephone Number (Work):

Telephone Number (Cell):

Email Address:

Relationship to the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm you have obtained permission of the aggrieved party if you're filing on behalf of a third party: Yes ☐ No ☐

Section C:	
Which of the following best describes the reason you believe the discrimination took place?	
Race	
Color	
National Origin	
Other (Explain):	

On what date(s) did the alleged discrimination take place?
Date:
Date:
Date:
Date:
Date:

[illegible]

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Section 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 listed anything above, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Address:

City/State/Zip:

Telephone Number (Work):

Telephone Number (Cell):

Email Address:

Section G:

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

Signature:

Attachments:

Yes

☐

No

☐

After completion of entire form, please submit with any additional information to:

New Jersey Institute for Disabilities

Attention: Corporate Compliance Officer

10A Oak Drive

Edison, NJ 08837