

Township Administrator  
Mark L. Gravinese



## ADA COMPLAINT 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.

### **HARRISON TOWNSHIP ADA COMMITMENT AND COMPLIANCE**

Harrison Township 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.

Harrison Township Leadership, and all supervisors and employees share direct responsibility for carrying out Harrison Township commitment to the ADA. Harrison Township accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. The Township Administrator 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 Harrison Township civil rights obligations and operations.

### **ADA Complaints**

If you wish to file an ADA complaint of discrimination with Harrison Township, please contact the Township Administrator, via 856-478-4111, ext. 6137.

### **What Happens to my ADA Complaint of Discrimination to Harrison Township?**

All ADA complaints of discrimination received by Harrison Township 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. Harrison Township 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.

Harrison Township 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. Harrison Township has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Harrison Township 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 Harrison Township Administrator's Office 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 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 Harrison Township ADA Obligations**

For additional information on Harrison Township non-discrimination obligations and other responsibilities related to ADA, please call 856-478-4111, ext. 6137 or write to:

Harrison Township Administrator  
Attention: Mark L Gravinese  
114 Bridgeton Pike  
Mullica Hill, New Jersey 08062



# Harrison Township Grievance Procedure

## Americans with Disabilities Act Grievance Procedure

This grievance procedure is established to meet the requirements of the ADA. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Harrison Township.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number, email address of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted as soon as possible, preferably within 60 calendar days of the alleged violation to:

Mark L. Gravinese, ADA Coordinator, [mlgravinese@harrisontwp.us](mailto:mlgravinese@harrisontwp.us), (856) 478-4111, ext. 6137

Within 15 calendar days after receipt of the complaint, Mark Gravinese will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Mark Gravinese will respond in writing, and where appropriate, in format that is accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of Harrison Township and offer options for substantive resolution of the complaint.

If the response by Mark Gravinese does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Mayor or designee.

Within 15 calendar days after receipt of the appeal, the Mayor or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor or designee will respond in writing, and, where appropriate, in a format that is accessible to the complainant, with a final resolution of the complaint.

## Short

## Americans with Disabilities Act Grievance Procedure

Complaints concerning discrimination on the basis of disability by Harrison Township may be sent to Mark Gravinese, ADA Coordinator. ADA Coordinator) will contact the complaint within 15 calendar days after receipt of the complaint to discuss the complaint and will respond in writing within 15 days of the discussion.



# HARRISON TOWNSHIP ADA GRIEVANCE FORM

Today's Date: \_\_\_\_\_

Complainant's Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone and E-mail: \_\_\_\_\_

Legal Name of Individual Discriminated Against if Different than Complainant's:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone and E-mail: \_\_\_\_\_

## Alleged Violation

Date(s) of Occurrence: \_\_\_\_\_

Description of Violation and Township Department Involved (please attach additional pages or use back of form if more space is needed):

Requested Action by the Township to Correct Violation:

Has Complaint been Filed with State or Federal Agency:  Yes  No. Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Date Signed: \_\_\_\_\_