

County of Cumberland

Americans With Disabilities Act Grievance Procedure

The County of Cumberland has adopted a grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act. The act states, in part, that “no otherwise qualified disabled individual shall solely by reason of such disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination” in programs or activities sponsored by a public entity.

Procedure

Complaints shall be addressed to: Director of Personnel, Cumberland County ADA Coordinator, 164 W. Broad Street, Bridgeton, NJ 08302, (856) 453-2121, who has been designated to coordinate ADA compliance efforts. The alternate designee shall be Deputy County Administrator, 164 W. Broad Street, Bridgeton, NJ 08302, (856) 453-2139.

1. A complaint shall be filed within five (5) days after the complainant becomes aware of the alleged violation. The complaint shall be made in writing or verbally, shall contain the name and address of the person filing it and shall describe the alleged violation(s).
2. A written determination as to the validity of the complaint and resolution, if any, shall be issued by the ADA Coordinator for Cumberland County. A copy shall be forwarded to the complainant no later than 45 days after its filing.
3. The County ADA Coordinator shall maintain the files and records relating to the complaints.
4. The complainant, if dissatisfied with the resolution, may request reconsideration within five (5) days after receiving written notice of resolution from the ADA Coordinator. The request shall be made to the Chairperson of the County of Cumberland ADA Compliance Committee. The ADA Compliance Committee shall be comprised of the Cumberland County Administration team and the County Administrator shall serve as the Chairperson.
5. The County of Cumberland ADA Compliance Committee shall hear the grievance within 45 days of the request and render a final decision within 45 days of the grievance hearing.
6. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person’s pursuit of other remedies, such as filing an ADA complaint with the responsible federal agency. Use of this procedure is not a prerequisite to the pursuit of other remedies.

County of Cumberland
Americans With Disabilities Act/Section 504
Compliance Committee

Grievance Form for County Operations

Claimant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: ()

Work Telephone: ()

Cell Telephone: ()

Address of Incident: _____

County Government Office or Building: _____

Time and Date of Incident: _____

Describe the incident (Please include names of County employees involved in the incident):

Please use reverse side of form for additional comments.

Signature of Claimant

Date