



Christian Health recognizes that disabilities are as diverse as the individuals they serve and recognizes the need to make reasonable modifications to its policies, regarding assistance offered to passengers who may require additional assistance to use its services.

Under Title II of the ADA, state and local governments are required to make reasonable modifications to policies, practices and procedures where necessary to avoid discrimination.

For those riders who require additional assistance, Christian Health will endeavor to accommodate all reasonable modification requests for such assistance by following procedures outlined below:

1. Riders must inform the Christian Health of the need and specific type of additional assistance requested at the time ride reservation is made.
2. Reservationist will advise Dispatcher of the specific rider need/request. Dispatcher will log the information within the client information system and determine the resources required to accommodate rider.
3. The Dispatcher will evaluate the request and report to the Director of Transportation whether the request is reasonable to perform.
4. If the Director of Transportation deems the service requested to be unreasonable to perform or to repeat on a regular basis, he/she must cite specific reasoning to support the finding and inform the Risk Manager.
5. If the Christian Health concurs with the finding of the Risk Manager, the rider must be so informed via phone call at least 48 hours before the requested/scheduled trip. The finding must also be communicated to the rider expeditiously by written correspondence.
6. Riders may appeal any such decisions by following established ADA grievance procedures. Complaints that a County program, service or activity is not accessible to persons with disabilities should be directed to Nancy Peet, Risk Management Coordinator at William H. Connolly & Co, 56 Park Street, Montclair, NJ 07042 or via telephone (201) 445-1140.

A Complainant may also file a complaint with the US Department of Transportation by contacting the Department at: US Department of Transportation, Office of Civil Rights,

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590



ADA Complaint Policy and Complaint Form

NJ Transit Subrecipient Compliance

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.

Christian Health ADA Commitment and Compliance

Christian Health 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.

Christian Health management, and all supervisors and employees share direct responsibility for carrying out Christian Health commitment to the ADA. Christian Health Risk Management Coordinator ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. Christian Health Risk Management Coordinator 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 Christian Health civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Christian Health, please contact Christian Health via Phone: (201) 848-5200 or address below, or use our online form (if applicable).

What Happens to my ADA Complaint of Discrimination to Christian Health?

All ADA complaints of discrimination received by Christian Health 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. Christian Health 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.

Christian Health 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. Christian Health has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Christian Health 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 Christian Health 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 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 Christian Health ADA Obligations

For additional information on Christian Health non-discrimination obligations and other responsibilities related to ADA, please call (201) 848-5200 or write to:

Nancy Peet, Risk Management Coordinator
William H. Connolly & Co
56 Park Street
Montclair, NJ 07042
Phone: (201) 445-1140
Email: RPeet@WHConnolly.com



COMPLAINT FORM

Americans with Disabilities Act Complaint Form

Christian Health 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 Nancy Peet, Risk Management Coordinator

William H. Connolly & Co

56 Park Street

Montclair, NJ 07042

Phone: (201) 445-1140

Email: RPeet@WHConnolly.com

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 Christian Health 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: _____