

### **Title VI Notice to the Public**

Abilities of Northwest Jersey, Inc. operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964 as amended. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint in writing to the Corporate Compliance Officer of Abilities of Northwest Jersey, Inc. To file a complaint, or for more information on Abilities' obligations under Title VI write to: Abilities of Northwest Jersey, Inc., PO Box 251, Washington, NJ 07882, or visit [www.abilitiesnw.com](http://www.abilitiesnw.com).

Transportation services provided by this agency are in whole or part funded through federal funds received through NJ TRANSIT and as an individual you also have the right to file your complaint with the Federal Transit Administration by writing to: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor – TCR, US Department of Transportation, FTA, Office of Civil Rights, 1200 NJ Avenue, SE, Washington, DC 20590.

If information is needed in another language, contact: 908-689-1118

### **Título VI aviso al público**

Abilities of Northwest Jersey, Inc. opera sus programas y servicios sin importar raza, color o origen nacional según el título VI de la ley de derechos civiles de 1964 enmendada. Cualquier persona que cree que él o ella ha sido agraviado por cualquier práctica discriminatoria ilegal bajo el título VI puede presentar una queja por escrito al oficial de cumplimiento corporativo de Abilities of Northwest Jersey, Inc. Para presentar una queja o para obtener más información sobre las obligaciones de capacidades bajo el Título VI escribir: Abilities of Northwest Jersey, Inc., PO Box 251, Washington, NJ 07882 o visita [www.abilitiesnw.com](http://www.abilitiesnw.com). Servicios de transporte prestados por esta agencia son total o parcialmente financiado mediante fondos federales recibidos a través de NJ TRANSIT y como individuo también tiene el derecho a presentar su queja con la Administración Federal de tránsito escribiendo a: Coordinadora del programa Título VI, edificio este, 5<sup>º</sup> piso – TCR, los E.E.U.U. Departamento del transporte, FTA, Office of Civil Rights, 1200 New Jersey Avenue, SE, Washington, DC 20590.

Si necesita información en otro idioma, comuníquese con: 908-689-1118

*NOTE: This information is posted in all FTA funded vehicles used to operate Abilities Transportation program, on the Abilities website and in all employee and passenger handbooks. It is also provided in audio and large print form.*

### Complaint Procedures

Any individual who believes that they have been a victim of discrimination on the basis of race, color or national origin as defined in Title VI of the 1964 Civil Rights Act by Abilities of Northwest Jersey, Inc. may file a Title VI complaint by submitting an Abilities of Northwest Jersey, Inc. Title VI Complaint Form to:

Abilities Corporate Compliance Officer

Abilities of Northwest Jersey, Inc.

PO Box 251

Washington, NJ 07882

- A) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints must be in writing and signed by the individual or his/her representative, and should include the complainant's name, address and telephone number, name of the alleged discriminator(s), basis of complaint (race, color, national origin) and the date(s) of the alleged act(s).
- B) If the complainant is unable or incapable of providing a written statement, a verbal statement may be made to the Corporate Compliance Officer of Abilities of Northwest Jersey, Inc.
- C) When the complaint is received the Corporate Compliance Officer will provide written acknowledgement to the complainant, within 10 business days by registered mail. The Chief Executive Officer will be copied on all correspondence.
- D) If a complaint is deemed incomplete, additional information will be requested and the complainant will be given 30 days to resubmit the information. Failure to do so may be considered good cause for a determination of no investigative merit.
- E) Within 20 business days from receipt of a complete complaint, the Corporate Compliance Officer will meet with either the Chief Operating Officer and/or the Chief Executive Officer to determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant an investigation.
- F) If the complaint has investigative merit, the Corporate Compliance Officer, along with the Chief Executive Officer will conduct a full investigation of the complaint.
- G) A letter of finding will be issued within 90 days of the receipt of the complaint, by either the Corporate Compliance Officer or the Chief Executive Officer.
- H) The Title VI Complaint Form shall be available at the Corporate Compliance office, and the Business office at 264 Route 31 North, Washington, NJ.
- I) A complaint may be filed directly to the Federal Transit Administration at: FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

**Abilities of Northwest Jersey, Inc.**

**Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form please contact the Corporate Compliance Officer at 908-689-1118 for assistance.

For complaints concerning Section 5310 (Senior Citizens and Persons with Disabilities), or other programs funded by the Federal Transit Administration, complete and return this form to:

Corporate Compliance Officer  
Abilities of Northwest Jersey, Inc.  
PO Box 251  
Washington, NJ 07882

1. Complaints' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Do you require an accessible format? (Select One or More)  
Large Print: \_\_\_\_\_ TDD: \_\_\_\_\_ Audio Tape: \_\_\_\_\_  
Other: Please specify: \_\_\_\_\_
  
- 3a. Person discriminated against (if someone other than the complainant)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
- 3b. Relationship to the person for whom you are submitting this complaint form. \_\_\_\_\_
  
- 3c. Please explain why you have filed for a third party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3d. Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party. Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Which of the following best describes the reason you believe the discrimination took place?

Was it because of your: (check reason(s))

Race: \_\_\_\_\_

Color: \_\_\_\_\_

National Origin: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

5. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of any witnesses. Please use the back of this form if additional space is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6a. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

6b. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

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

City, State, & Zip Code : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

Complainant's Signature

Date