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Executive Director

James Santasiero, PHM
Assistant Executive Director

Cliffside Park Housing Authority

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.

Cliffside Park Housing Authority & Senior Activity Center ADA COMMITMENT AND COMPLIANCE

Cliffside Park Housing Authority & Senior Activity Center 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.

Cliffside Park Housing Authority & Senior Activity Center management, and all supervisors and employees share direct responsibility for carrying out Cliffside Park Housing Authority & Senior Activity Center commitment to the ADA. Cliffside Park Housing Authority & Senior Activity Center Senior Transport Division Joseph Capano, Executive Director and Linda Phillips Perez, Senior Coordinator ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. Joseph Capano, Executive Director and Linda Phillips Perez, Senior 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 Cliffside Park Housing Authority & Senior Activity Center civil rights obligations and operations.

ADA Complaints

If you wish to file an ADA complaint of discrimination with Cliffside Park Housing Authority & Senior Activity Center, please contact Cliffside Park Housing Authority & Senior Activity Center via 201-941-0655 or 201-943-3768 or 500 Gorge Road Cliffside Park NJ 07010.

What Happens to my ADA Complaint of Discrimination to Cliffside Park Housing Authority & Senior Activity Center

All ADA complaints of discrimination received by Cliffside Park Housing Authority & Senior Activity Center 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. Cliffside Park Housing Authority & Senior Activity Center will provide appropriate assistance 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.

Cliffside Park Housing Authority & Senior Activity Center 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. Cliffside Park Housing Authority & Senior Activity Center has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of Cliffside Park Housing Authority & Senior Activity Center 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 Cliffside Park Housing Authority & Senior Activity Center Executive Director 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 a Title VI 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 Cliffside Park Housing Authority & Senior Activity Center ADA Obligations

For additional information on Cliffside Park Housing Authority & Senior Activity Center non-discrimination obligations and other responsibilities related to ADA, please call 201-941-0655 or 201-943-3768 or write to:

Joseph Capano, PHM, Executive Director

Cliffside Park Housing Authority

Cliffside Park Senior Activity Center

at the Gerald A. Calabrese Complex

500 Gorge Road, Cliffside Park NJ 07010

201-941-0655 Ext. 101 Fax-201-941-4038

jcapano@cp-ha.org

Americans with Disabilities Act Complaint Form

Cliffside Park Housing Authority & Senior Activity Center 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 the "enter Contact information"

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 "Agency Name" 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: _____