



# EAST WINDSOR TOWNSHIP

16 Lanning Boulevard  
East Windsor, N.J. 08520-1999  
609-443-4000  
Fax 609-443-8303

## AMERICANS WITH DISABILITIES ACT (ADA) REASONABLE MODIFICATION POLICY

East Windsor Township recognizes that disabilities are as diverse as the individuals served 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, East Windsor Township will endeavor to accommodate all reasonable modification requests for such assistance by following procedures outlined below:

1. Riders must inform East Windsor Township of the need and specific type of additional assistance requested at the time ride reservation is made.
2. A rider will advise Dispatcher of the specific rider need/request. Dispatcher will log the information and determine the resources required to accommodate rider.
3. The Dispatcher will report the request to the Coordinator who will determine whether the request is reasonable to perform.
4. If the Coordinator deems the service requested to be unreasonable to perform or to repeat on a regular basis, the Coordinator must cite specific reasoning to support the finding and inform the Dispatcher.
5. The Coordinator must inform the rider via phone call at least 48 hours before the requested/scheduled trip which 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 program, service or activity is not accessible to persons with disabilities should be directed to:

East Windsor Township  
Attention: Township Manager  
16 Lanning Boulevard  
East Windsor, NJ 08520 Telephone: 609-443-4000 ext. 245

A Complainant may also file a complaint with the U.S. Department of Transportation, Federal Transit Administration by contacting:

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



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## Americans with Disabilities Act Complaint Form

East Windsor Township 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:

East Windsor Township  
Attention: Township Manager  
16 Lanning Boulevard  
East Windsor, NJ 08520 Telephone: 609-443-4000 ext. 245

Complainant: \_\_\_\_\_

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

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

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 East Windsor Township employees involved, if available.**

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

Continue description of incident on additional page(s) if needed.

**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.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_