

TOWNSHIP OF UNION  
IN THE COUNTY OF UNION  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF SENIOR CITIZENS ACTIVITIES  
968 BONNEL CT.  
UNION, NEW JERSEY 07083  
TEL NO. (908) 851-5290  
FAX NO. (908) 851-5292

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PHYLLIS L. MONGUSO, Director

## **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.

### **“Township of Union Senior Center” ADA COMMITMENT AND COMPLIANCE**

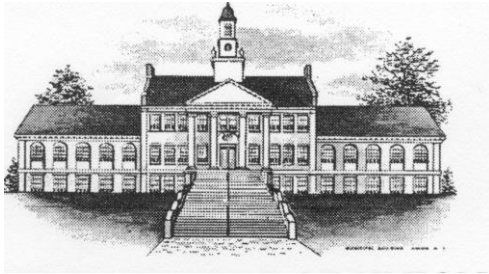
“Township of Union Senior Center” is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis on their disability as provided by the Americans with Disabilities Act. “Township of Union Senior Center” administration and employees share direct responsibility for carrying out “Township of Union Senior Center” commitment to the ADA. “Township of Union Senior Center” ensures accountability in this commitment, and supports all parts of the organization in meeting their respective ADA obligations. ” “Township of Union Senior Center, Phyllis Monguso” 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 “Township of Union Senior Center” civil rights obligations and operations.

### **ADA Complaints**

If you wish to file an ADA complaint of discrimination with “Township of Union Senior Center”, please contact “Phyllis Monguso” via “(908) 851-5291” or “ADDRESS BELOW”, or use our online form (if applicable).

Township of Union Senior Center  
C/O: Phyllis Monguso  
968 Bonnel Court  
Union, NJ 07083

### **What Happens to my ADA Complaint of Discrimination to “Township of Union Senior Center”?**



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All ADA complaints of discrimination received by “Township of Union Senior 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. “Township of Union Senior Center” 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.

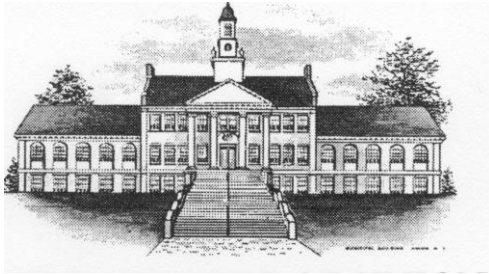
“Township of Union Senior Center” aims to complete investigations into all complaints received, within 90 days of receipt. In instances where additional information is needed to complete an investigation, the investigator will contact the complainant using the contact information provided. Failure of 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. “Township of Union Senior Center” has a zero tolerance policy on discrimination and will take appropriate corrective measures in all instances where a violation of “Township of Union Senior 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 “Township of Union Senior Center” 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



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### **Further questions about “Township of Union Senior Center” ADA Obligations**

For additional information on “Township of Union Senior Center” non-discrimination obligations and other responsibilities related to ADA, please call (908)851-5291” or write to:

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C/O: Phyllis Monguso  
968 Bonnel Court  
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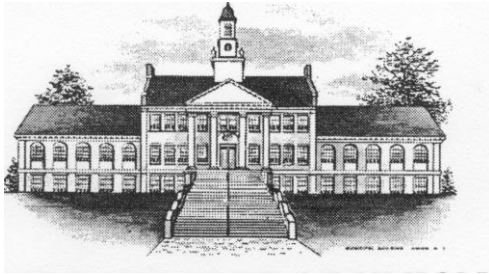
## **Title VI COMPLAINT FORM**

Americans with Disabilities Act Complaint Form

“Township of Union Senior 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:

Township of Union Senior Center  
C/O: Phyllis Monguso  
968 Bonnel Court  
Union, NJ 07083  
(908)951-5291



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## Title VI Complaint Form

Note: The following is needed to assist in processing your complaint.

A. Complainant's information:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Cell): \_\_\_\_\_

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

Date of Complaint: \_\_\_\_\_

Accessible format Requirements (Select one or more)

1. Large print
2. In any other language beside English
3. Other

B. Person discriminated against (if someone other than complainant):

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number Home): \_\_\_\_\_

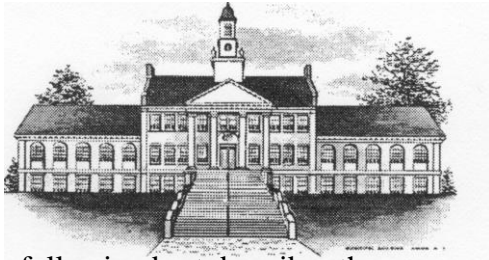
Telephone Number (cell): \_\_\_\_\_

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

Relationship to the person for whom you are complaining: \_\_\_\_\_

C. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

1. Yes
2. No



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

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_  
Other: \_\_\_\_\_

E. On What date(s) did the alleged discrimination take place?

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

F. Please describe the alleged dissemination. Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if know) as well as names and contact information of any witnesses. If additional space is need, add a sheet of paper if necessary.

\_\_\_\_\_

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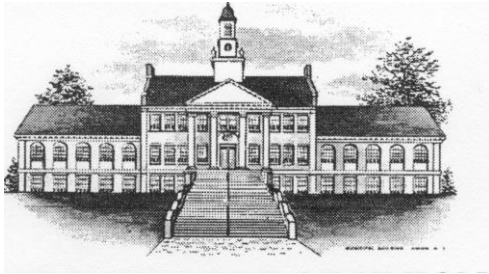
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency \_\_\_\_\_  
Federal Court \_\_\_\_\_  
State Agency \_\_\_\_\_  
State Court \_\_\_\_\_  
Local Agency \_\_\_\_\_



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If you have checked above, please provide information about a contact person at the agency/ court where the complaint was filed.

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

Title: \_\_\_\_\_

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

City/State/ Zip Code: \_\_\_\_\_

H. Please sign below. You may attach written materials or other information that you think is relevant to your complaint.

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

Attachments: Yes \_\_\_\_\_ No \_\_\_\_\_

I. Submit form and any additional information to:  
Township of Union Senior Center  
C/O: Phyllis Monguso  
968 Bonnel Court  
Union, NJ 07083