

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

PHYLLIS L. MONGUSO, Director

Non-Discrimination Policy

The Township of Union Senior Citizens Center operates its program 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 Township of Union Senior Center. To file a complaint, or for more information on the Township of Union Senior Center obligations under Title VI write to: 652 Rahway Ave., Union, NJ 07083 or visit www.uniontownship.com/143/Senior-Programs. 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 under Title VI through the Federal Transit Administration which can be found by going to http://www.fta.dot.gov/documents/FTA_Tile_VI_Final.pdf or filing a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

This Non-Discrimination Policy can be found in Spanish and English on our NJ Transit bus, as well as on the main floor of the Union Senior Citizens Center located at 652 Rahway Ave, Union, NJ 07083.

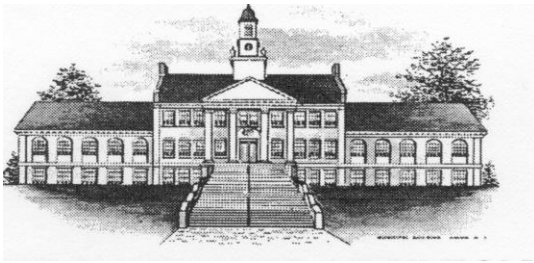
If more information is needed in another language, please contact (908) 851-5890.

Title VI Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Union Senior Citizens Center, hereinafter referred to as “the Authority,” may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form to Director Phyllis Monguso c/o the Township of Union Senior Center. The center will investigate all complaints received no more than 180 days after the alleged incident is received. The Authority will process complaints that are complete.

Once the complaint is received, the Authority will review it to determine if our Office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Authority has 15 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant has 10 business days from the date the letter to send request information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days,



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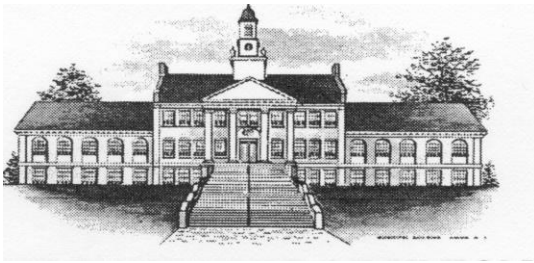
the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of the two letters to the complainant: a closure letter or letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 calendar days from the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590

Or:

Township of Union Senior Center
C/O: Phyllis Monguso, Director
652 Rahway Ave.,
Union, NJ 07083



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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/Zip code: _____

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: _____

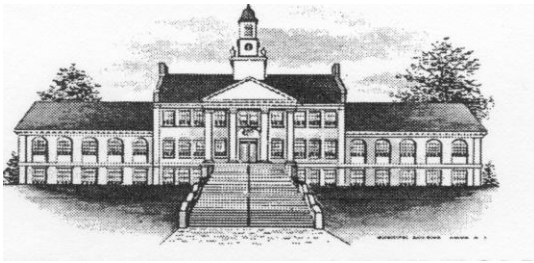
City/State/Zip: _____

Telephone Number (Home): _____

Telephone Number (cell): _____

Email Address: _____

Relationship to the person for whom you are complaining: _____



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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 _____

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
652 Rahway Ave.,
Union, NJ 07083