



Dance New Jersey Grievance Procedure

Dance New Jersey has adopted a grievance procedure to provide for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act (ADA). The act states, in part, that “no otherwise qualified disabled individual shall solely by reason of such disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination” in programs or activities sponsored by a public entity.

Any such complaints should be addressed in to:

Erin Carlisle Norton, Executive Director,

Dance New Jersey:

PO Box 205 Verona, NJ 07044

Envelope should be further marked "URGENT"

1. A complaint should be filed within five (5) days after the complainant becomes aware of the alleged violation. The complaint shall be made in writing or verbally to the coordinator above, shall contain the name and address of the person filing it and shall describe the alleged violation(s).
2. A written determination as to the validity of the complaint and resolution, if any, shall be issued by the ADA coordinator, to the patron services committee for Dance New Jersey. A copy shall be forwarded to the complainant no later than 10 working days after the filing.
3. The ADA committee for Dance New Jersey shall maintain all files and records relating to the complaint(s).
4. The complainant, if dissatisfied with the resolution, may request reconsideration within five (5) days after receiving written notice of the resolution from the ADA committee. The request shall be made to Dance New Jersey's ADA coordinator.

5. Dance New Jersey's ADA coordinator shall hear the grievance within 15 days of the request and render a final decision within five (5) days of the grievance hearing.

6. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as filing an ADA complaint with the responsible federal agency. Use of this procedure is not a prerequisite to the pursuit of other remedies.

INFORMATION REQUIRED TO FILE A GRIEVANCE

Claimant's Name:

Claimant's Full Address:

City/State/ZIP:

Home Telephone:

Work/Daytime Telephone:

Address of Incident:

Date and Time of Incident:

Please describe the incident providing names or positions of those persons involved:

Signature of Claimant:

Date: