

**New Jersey State Council on the Arts
Grievance Procedure under the
Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by the New Jersey State Council on the Arts. The Department of State personnel policy governs employment-related complaints of disability discrimination.

Based upon the Council's capacity to provide for full physical and programmatic access, every effort will be made to satisfy the complainant at the earliest stages of interaction.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number and email of complainant; location, date, and description of the problem; and a recommendation for resolution. Alternative means of filing complaints - such as audio or video submission - will be made available for persons with disabilities upon request. The complaint should be submitted by the grievant and/or his/her designee as soon as possible and ideally within 30 days of the alleged violation

In most cases, a written determination as to the validity of the grievance will be issued by the designated decision-maker, and a copy forwarded to the grievant within 45 days of filing. Additionally, in most cases, a description of the resolution, if any, will be issued by the designated decision-maker, and a copy forwarded to the grievant within 45 days of filing.

To file a complaint with the Council please contact the Access Coordinator at the following address, phone number or email:

Mary Eileen Fouratt, Access Coordinator
New Jersey State Council on the Arts
P.O. Box 306
Trenton, New Jersey, 08625
Phone: (609) 984-6815
NJ Relay 711
Maryeileen.fouratt@sos.nj.gov
Monday-Friday, 8:15 AM-4:15 PM

**New Jersey State Council on the Arts
ADA/504 Complaint/Grievance Form**

Name of Grievant: _____

Person Preparing Complaint (if different from Grievant): _____

Relationship of Preparer to Grievant (if applicable): _____

Address of Grievant: _____

Telephone Number of Grievant: _____ E-mail: _____

Nature of grievance:

Please describe the nature of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program or activity. Please include the date and as much detail as possible on the location of the alleged violation. Use additional pages or attachments to substantiate your description, if needed.

Proposed resolution or accommodation:

Please describe what you believe should be done to resolve the grievance.

Signature of Grievant/Preparer

Date

Please return this form in hard copy or e-mail it to:

**Mary Eileen Fouratt, Access Coordinator
New Jersey State Council on the Arts
P.O. Box 306
Trenton, New Jersey, 08625
Phone: (609) 984-6815
NJ Relay 711
Maryeileen.fouratt@sos.nj.gov**

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA/504 Coordinator listed above.