**ADULT DAY CENTER OF SOMERSET COUNTY, INC.**

872 EAST MAIN STREET, BRIDGEWATER, NJ 08807

[WWW.ADULTDAYCENTER.ORG](http://WWW.ADULTDAYCENTER.ORG)

Title vi

Non Discrimination Program



Contact

DIANN ROBINSON

EXECUTIVE DIRECTOR

(908) 725-0068

DROBINSON@ADULTDAYCENTER.ORG

**ADULT DAY CENTER OF SOMERSET COUNTY, INC.**

872 EAST MAIN STREET, BRIDGEWATER, NJ 08807

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**Title VI Non-Discrimination Policy**

The Adult Day Center of Somerset County operates its programs 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 Adult Day Center of Somerset County. To file a complaint, or for more information on the Adult Day Center of Somerset County obligations under Title VI write to: 872 East Main Street, Bridgewater, NJ 08807. Reimbursement for transportation services is 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 to Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

**Título VI No Discriminación Política**

Adult Day Center of Somerset County opera sus programas y servicios, sin distinción de raza, color u origen nacional, de conformidad con el Título VI de la Ley de Derechos Civiles de 1964, según enmendada. Cualquier persona que cree que él o ella ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI puede presentar una queja por escrito al Adult Day Center of Somerset County. Para presentar una queja o para obtener más información sobre las obligaciones de Adult Day Center of Somerset County bajo el Título VI escribir a: 872 East Main Street, Bridgewater, NJ 08807. Reembolso de Servicios de transporte son total o parcialmente financiado a través de fondos federales recibidos a través de NJ TRANSIT y como persona también tiene el derecho de presentar su queja bajo el Título VI de la Administración Federal de Tránsito, en el TLC Oficina de Derechos Civiles, 1200 Nueva Jersey Avenue SE, Washington, DC 20590.

**Title VI Notice to the Public, including a list of locations where the notice is posted.**

**Aviso Título VI del público, incluyendo una lista de lugares donde se publica el aviso.**

* Adult Day Center of Somerset County (Caregiver Resource Room), 872 East Main Street, Bridgewater, NJ 08807
* Handed out to new attendees at the pre-attendance home visit

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872 EAST MAIN STREET, BRIDGEWATER, NJ 08807

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**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 Adult Day Center of Somerset County, (hereinafter referred to as “the Agency”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. The Adult Day Center of Somerset County investigates complaints received no more than 180 days after the alleged incident. The Agency will process complaints that are complete.

Once the complaint is received, the Agency 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 Agency has 30 days to investigate the complaint. If more information is needed to resolve the case, the Agency may contact the complainant. The complainant has 15 business days from the date of the letter to send requested 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 15 business days, the Agency 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 two letters to the complainant: a closure letter or a 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 15 days after 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.

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**Title VI Complaint Form**

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

**A.** Complainant’s information:

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

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

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

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

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

Telephone Number (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Accessible Format Requirements? (Select One or More)

o Large Print

o Audio Tape

o Other

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

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

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

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

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

Telephone Number (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please explain why you have filed for a third party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

o Yes

o No

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

\_\_\_\_\_Race \_\_\_\_\_Color \_\_\_\_\_National Origin

Other:

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

**D**. On what date(s) did the alleged discrimination take place?

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

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

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

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

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

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E.** Please describe the alleged discrimination. 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 known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.

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

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

**F**. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**H.** Submit form and any additional information to:

Adult Day Center of Somerset County, 872 East Main Street, Bridgewater, NJ 08807 or

FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

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**Formulario de Queja Título VI**

Nota: La siguiente información es necesaria para ayudar en la tramitación de su queja.

Información de A. Demandante:

Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad (\*): Estado (\*): Código postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de teléfono (Inicio): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de Teléfono (Trabajo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requisitos formato accesible? (Seleccione una o más)

o ampliación de foto

o cinta de audio

o Otros

B. persona discriminada (si alguien que no sea querellante):

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad (\*): Estado (\*): Código postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de teléfono (Inicio): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de Teléfono (Trabajo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relación con la persona a la que se quejan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por favor, explique por qué usted ha presentado para un tercero: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.

o si

o No

C. ¿Cuál de las siguientes opciones describe mejor la razón por la que cree que la discriminación se llevó a cabo?

\_\_\_\_\_Raza \_\_\_\_\_Color \_\_\_\_\_Origen nacional

Otros:

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

D. ¿En qué fecha (s) ocurrió la supuesta discriminación ocurrió?

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Por favor, describa la supuesta discriminación. Explique lo que pasó y quien usted cree fue responsable. Describir todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de los testigos en contacto. Si necesita espacio adicional, agregue una hoja de papel.

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

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

F. ¿Ha presentado esta queja con cualquier otro, estatal o agencia local Federal, o con cualquier corte federal o estatal? Listar todos los que apliquen.

Agencia federal\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corte federal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agencia Estatal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribunal Estatal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agencia Local \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si ha comprobado anteriormente, por favor proporcionar información acerca de una persona de contacto en la agencia / tribunal donde se presentó la denuncia.

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Título: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad (\*): Estado (\*): Código postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de teléfono (Inicio): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de Teléfono (Trabajo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Por favor firme abajo. Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja.

Fecha de firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjuntos: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_

H. Envíe el formulario y cualquier información adicional a:

Adult Day Center of Somerset County, 872 East Main Street, Bridgewater, NJ 08807 o

TLC Oficina de Derechos Civiles, 1200 New Jersey Avenue SE, Washington, DC 20590.

**ADULT DAY CENTER OF SOMERSET COUNTY, INC.**

872 EAST MAIN STREET, BRIDGEWATER, NJ 08807

[WWW.ADULTDAYCENTER.ORG](http://WWW.ADULTDAYCENTER.ORG)

**List of Transit-Related Title VI**

**Investigations, Complaints, and Lawsuits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date****(Month, Day, Year)** | **Summary****(include basis of complaint: race, color, or national origin)** | **Status** | **Action(s) Taken** |
| **Investigations** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3** |  |  |  |  |
| **4.** |  |  |  |  |
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| **10** |  |  |  |  |
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| **Lawsuits** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
|  |  |  |  |  |
| **Complaints** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3** |  |  |  |  |
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**ADULT DAY CENTER OF SOMERSET COUNTY, INC.**

872 EAST MAIN STREET, BRIDGEWATER, NJ 08807

[WWW.ADULTDAYCENTER.ORG](http://WWW.ADULTDAYCENTER.ORG)

**Public Participation Plan**

The Adult Day Center of Somerset County complies with Federal Transit Administration requirements that the Title VI program include a public participation plan. The plan includes:

Board Meetings

As a private, non-profit organization, the Adult Day Center of Somerset County if governed by a volunteer Board of Trustees. The Board of Trustees hold regular meetings eleven times a year. Families receiving our services can request to attend a regular meeting. Meetings are not open to the public. Meetings are held at our facility which complies to all ADA requirements.

Caregiver Conferences and Surveys

Caregiver conferences and surveys are conducted once a year to allow families to give feedback about our services. Through these forums, or direct contact with our agency staff, families may comment on our transportation assistance program.

Public Health Fairs

The Adult Day Center of Somerset County regularly participates in public health firs and collaborates with other human service organizations to help reach under-served and minority communities in our service area.

Public Hearings

The Adult Day Center of Somerset County receives funding through Somerset County’s Office on Aging and Disability Services. The Somerset County Office on Aging and Disability Services holds a yearly public hearing to offer county residents the opportunity to learn about and comment on the needs of the 60+ population, caregivers and people living with a disability.

Somerset County also holds an annual public hearing on transportation services. The Adult Day Center of Somerset County informs all of the families receiving our services of the date, time and location of the public hearings, as well as of alternative ways to participate if a family/individual cannot attend in person.

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**Language Assistance Plan**

**Factor 1: The number or portion of LEP persons eligible to be served or likely to be encountered:**

The Adult Day Center of Somerset County obtained information from the United States Census Bureau’s QuickFacts website providing estimates as of 7/1/2021 about the County’s overall population, as well as the population over 65 years of age (those most likely to use our services). The table below breaks down the County’s population by race and over 65 years of age.

POPULATION DATA - JULY 1, 2021

|  |  |
| --- | --- |
| **GROUP** | **PERCENTAGE** |
| White | 68.1% |
| Black or African American | 10.5% |
| American Indian and Alaskan Native | 0.4% |
| Asian | 18.8% |
| Native Hawaiian and other Pacific Islander | 0.1% |
| Two or more Races | 2.1% |
| Hispanic or Latino (includes persons of any Race) | 15.2% |
| **Persons over Age 65** | 16.2% |

The above demonstrates that the area’s potential LEP population by race is potentially 15.2% Spanish speaking and 18.8% Asian language speaking. The potential LEP population is not broken down by age.

**Factor 2: Frequency of contract with the program.**

Currently the Adult Day Center of Somerset County’s census has a 3% LEP population. Caregivers are English proficient. We currently have 3 multi-lingual employees.

**Factor 3: The nature and importance of activities, programs and services to people’s lives.**

The services provided by Adult Day Center of Somerset County are important to caregiving families that desire to keep their loved ones at home to age in place and avoid institutional care. The majority of our members require supervision during the day, as well as assistance with their activities of daily living. The services the Adult Day Center of Somerset County provides allow the members to receive needed support, socialization and stimulation, while allowing their family caregivers the ability to work or get a much-needed break from their caregiving duties.

**Factor 4: Costs versus resources and benefits.**

Because the Adult Day Center of Somerset County has multi-lingual staff, it is cost effective for the Adult Day Center of Somerset County to provide language translation of important documents that may be beneficial to its members. The Adult Day Center of Somerset County will use infographics and translation services as needed.

**Language Assistant Service by Language**

* The Adult Day Center of Somerset County shall inform applicants of availability of language assistance in several ways: verbally during phone inquires, on outreach material and on its website.
* The Adult Day Center of Somerset County will translate vital documents into the language of each frequently encountered LEP group as needed.
* The Adult Day Center of Somerset County monitors, evaluates and updates the Language Assistant Plan on a yearly basis or as needed.
* The Adult Day Center of Somerset County will continue its commitment to inclusion and annually train staff on diversity, inclusion and the Title VI Non Discrimination Policy and Procedures. As part of the training, language assistance to LEP populations will be covered.

**Table Depicting Racial Breakdown of Board of Trustees**

**Board Member Process**

Potential Board members are nominated by a current Board or staff member. The Nomination Committee reviews the candidate’s resume and assists in setting up a tour of the facility, a meeting with the Executive Director and a meeting with the Nominating Committee. If the candidate is appropriate, the Nominating Committee shares its recommendation with the entire Board for a vote. Once a member is approved, they have an orientation with the Executive Director and Board Chair. As part of the orientation, a new Board member receives and signs both a Roles and Responsibilities form and a Conflict of Interest Policy. All Board members must serve on at least one standing committee, attend at least 70% of all meetings and fulfill a “give or get” fundraising commitment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **White** | **Latino** | **African American** | **Asian** | **Native American** |
| Adult Day Center of Somerset County Board of Trustees | 90.9 % | 0% | 0% | 9.1% | 0% |