

FEDERAL ADA and TITLE VI CIVIL RIGHTS ASSURANCE NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

Jewish Residential & Family Service (JRFS) hereby gives public notice that it is JRFS's policy to assure full compliance with Title VI of the Civil Rights Act of 1964 (Title VI), and the Americans with Disabilities Act (ADA). JRFS is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services, or be subjected to discrimination on the basis of race, color, sex or national origin (Title VI) or because of an individual's disability (ADA).

Modifications to Policies and Procedures: JRFS will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services and activities. The ADA does not require JRFS to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden. Whenever feasible, requests for modifications should be made in advance. The request from the individual with a disability should be as specific as possible and include information on why the requested modification is needed in order to allow the individual to use JRFS services.

Should you have any questions, concerns or if you believe you have been subjected to discrimination under Title VI or ADA, you may contact us:

Call: 561-684-1991

Attn: ADA - Title VI Coordinator

5841 Corporate Way, Suite 200. West Palm Beach, FL 33407

Email: ADA-TitleVI@AlpertJFS.org

How to File a Complaint: Your complaint should be made within 180 days from the date of the alleged discrimination and submitted to JRFS. You can use the complaint form available at <https://www.AlpertJFS.org/non-discrimination-policy>, or call our office to obtain one, or write your own.

At a minimum your complaint should include the following information:

1. Your name.
2. Your address and information as to how JRFS should contact you (e.g., your telephone number, e-mail address, home address, etc.).
3. A description of the discriminatory act or incident(s). You should describe how, why, when and where you believe you were discriminated against and provide the location, names and contact information of any witnesses.
4. You must sign your complaint. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please identify any other individuals who were involved or observed the incident. Be sure to explain how other persons were treated differently from you.

The ADA-Title VI Coordinator will promptly investigate complaints. JRFS will address any complaint indicating a failure on JRFS's part to comply with Title VI or ADA, and will promptly notify the complainant in writing of the action it proposes or will take to resolve the complaint. The ADA – Title VI Coordinator will also investigate any appeals of service denials.

ADA - Title VI Discrimination Complaint Form

ADA – Title VI Coordinator

Stephanie Itkin – HR Director
5841 Corporate Way Suite 200
West Palm Beach Fl, 33407
561-684-1991

Case Number _____

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, the JRFS ADA - Title VI Coordinator will assist you to do so at a mutually convenient time. Simply call 561-6384-1991 to make your request. If the JRFS ADA - Title VI Coordinator assists you in completing the form, you will still need to sign it to validate the information provided.

Are you filing this complaint on your own behalf? YES NO

(If you answered YES to this question, go to item 2. If you answered NO to this question, go to item 1.)

1. Please provide the name of the person for whom you are complaining:

Name of complainant _____

Street Address _____

City, State and Zip Code _____

Telephone Number – home (_____) _____ business (_____) _____

2. Information about the Person discriminated against

Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (_____) _____

3. What is the name and location of the person/department that you believe discriminated against you?

Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (_____) _____

4. Which of the following best describes the reason you believe discrimination took place? Was it because of your:

Race Color National Origin Disability Other

What date did the alleged discrimination take place: _____ (Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible. Be sure to include how other persons were treated differently than you.

(Use more sheets or the back of this page, if needed)

6. (For internal complaints only) Have you tried to resolve this complaint through internal grievance procedures at JRFS? YES NO

(If you answered NO to this question, go to item 8.)

If yes, what is the status of the grievance?

Name and title of the person who is handling the grievance procedure.

Name _____ Title _____

7. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? (If NO please go to item 10) YES NO

If yes, check all that apply: Federal agency _____ Federal court _____ State court _____
 State agency _____ Local agency _____



8. Please provide information about a contact person at the other agency/court where the complaint was filed.

Name _____

Street Address _____

City, State, and Zip Code: _____

Telephone Number (_____) _____

9. Have you previously filed a discrimination complaint with LJRFS?

YES NO

If yes, when? Date _____

10. Have you filed any other discrimination complaints with LJRFS?

YES NO

If yes, when and against whom were they filed?

Date _____

Agency _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (_____) _____

1. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

If this form was completed by someone other than the complainant, please provide information about who assisted the person with this document and why.

*Please submit this form to: LJRFS – Attention LJRFS ADA - Title VI Coordinator (561)684-1991
Discrimination Complaint
5841 Corporate Way, Suite 200
West Palm Beach 33407*