

CHAPTER 3

DEPARTMENT ORGANIZATION

Authority

N.J.S.A. 17:1-8.1 and 47:1A-2.

Source and Effective Date

R.2000 d.129, effective February 28, 2000.
See: 32 N.J.R. 140(a), 32 N.J.R. 999(a).

Executive Order No. 66(1978) Expiration Date

Chapter 3, Department Organization, expires on February 28, 2005.

Chapter Historical Note

Chapter 3, Department Organization, was adopted as R.1990 d.103, effective January 11, 1990. See: 22 N.J.R. 335(a).

Subchapter 2, Nonpublic Records, was adopted as R.1991 d.287, effective June 17, 1991. See: 23 N.J.R. 253(a), 23 N.J.R. 1921(a).

Subchapter 3, Disability Discrimination Grievance Procedure, was adopted as R.1993 d.321, effective July 6, 1993. See: 25 N.J.R. 1314(b), 25 N.J.R. 2860(b).

Pursuant to Executive Order No. 66(1978), Chapter 3, Department Organization, expired on January 11, 1995.

Subchapter 2, Nonpublic Records, and Subchapter 3, Disability Discrimination Grievance Procedure, were adopted as new rules by R.1995 d.125, effective March 6, 1995. See: 27 N.J.R. 20(a), 27 N.J.R. 877(a).

Subchapter 1, Mission and Organization, was adopted as new rules by R.1995 d.272, effective May 3, 1995. See: 27 N.J.R. 2179(b).

Pursuant to Executive Order No. 66(1978), Chapter 3, Department Organization, was readopted as R.2000 d.129, effective February 28, 2000. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. MISSION AND ORGANIZATION

3:3-1.1 Mission statement of the Department

(a) The mission of the Department of Banking and Insurance is to protect consumers in their interaction with the banking, insurance, and real estate industries and to promote growth and efficiency in those industries by the judicious and fair application of the laws and regulations.

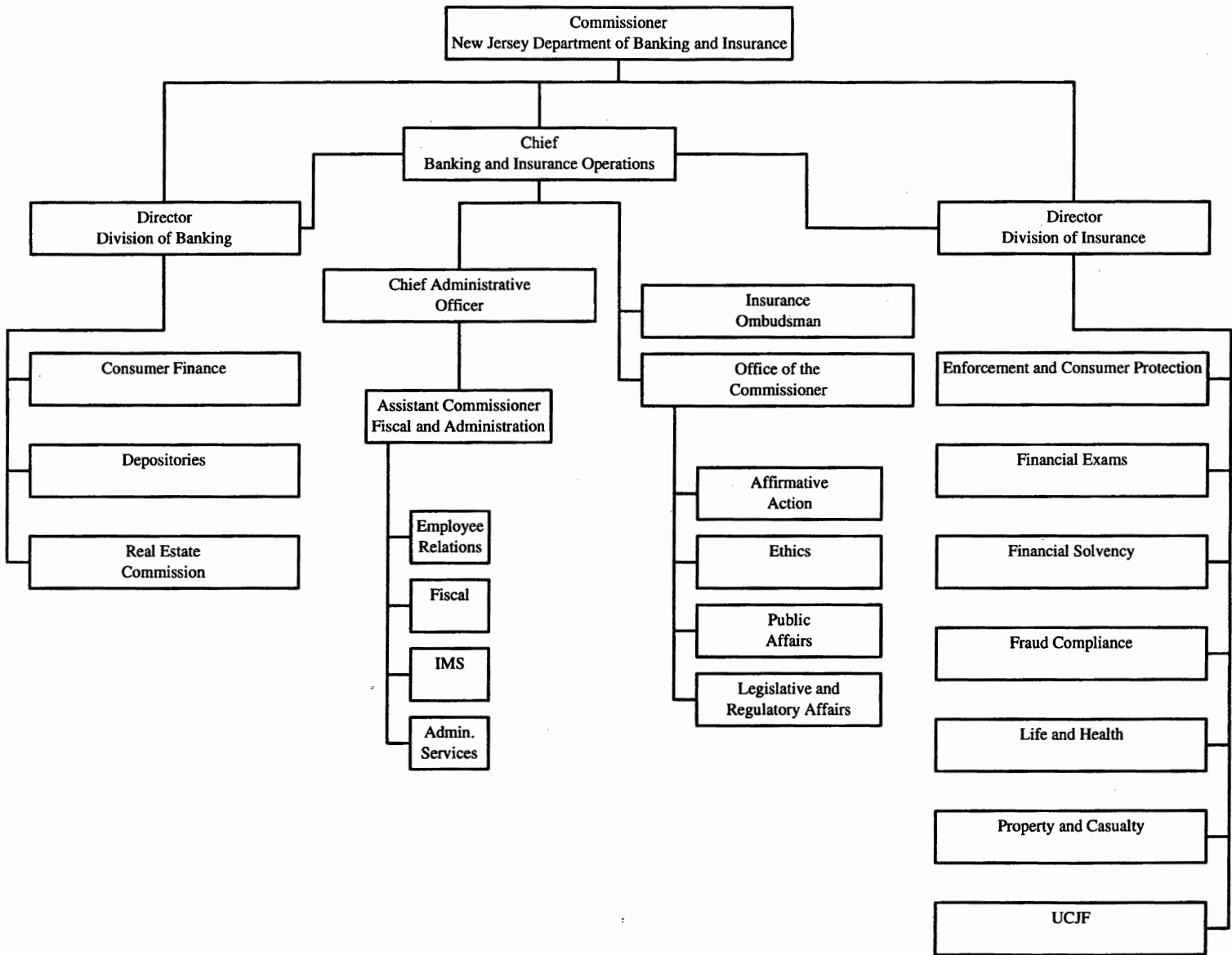
Amended by R.1997 d.394, effective August 25, 1997.
See: 29 N.J.R. 4097(a).

Substantially amended section.

3:3-1.2 Organization of the Department

(a) The organization of the Department of Banking and Insurance appears below.

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE



ADA Coordinator
 Department of Banking and Insurance
 20 West State Street
 PO Box 040
 Trenton, New Jersey 08625-0040

(b) All inquiries regarding the agency's compliance with the ADA and the availability of accommodation which would allow a qualified individual with a disability to receive services or participate in a program or activity provided by the agency should be directed to the designated coordinator identified in (a) above.

(c) All complaints alleging that the agency has failed to comply with or has acted in a way that is prohibited by the ADA should be directed to the designated ADA coordinator identified in this section, in accordance with the procedures set forth in N.J.A.C. 3:3-3.5 through 3.8.

Administrative change.
 See: 29 N.J.R. 4099(a).

3:3-3.5 Complaint procedure

A complaint alleging that the agency has failed to comply with the ADA or has acted in a way that is prohibited by the ADA shall be submitted either in writing or orally to the designated ADA coordinator identified in N.J.A.C. 3:3-3.4. A complaint alleging employment discrimination will be processed pursuant to the rules of the Department of Personnel, N.J.A.C. 4A:7-1.1 through 3.4, if those rules are applicable.

3:3-3.6 Complaint contents

(a) A complaint submitted pursuant to this subchapter may be submitted in or on the form set forth at N.J.A.C. 3:3-3.7.

(b) A complaint submitted pursuant to this subchapter shall include the following information:

1. The name of the complainant, and/or any alternate contact person designated by the complainant to receive communication or provide information for the complainant;
2. The address and telephone number of the complainant or alternate contact person; and
3. A description of manner in which the ADA has not been complied with or has been violated, including times and locations of events and names of witnesses if appropriate.

3:3-3.7 Complaint form

The following form may be utilized for the submission of a complaint pursuant to this subchapter:

Americans with Disabilities Act Grievance Form

Date: _____
 Name of grievant: _____
 Address of grievant: _____
 Telephone number of grievant: _____
 Disability of grievant: _____
 Name, address and telephone number of alternate contact person: _____

Agency alleged to have denied access:

Department: _____
 Division: _____
 Bureau or office: _____
 Location: _____

Incident or barrier:

Please describe the particular way in which you believe you have been denied the benefits of any service, program or activity or have otherwise been subject to discrimination. Please specify dates, times and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any witnesses to any such incident. Attach additional pages if necessary.

Proposed access or accommodation:

If you wish, describe the way in which you feel access may be had to the benefits described above, or that accommodation could be provided to allow access.

A copy of the above form may be obtained by contacting the designated ADA coordinator identified at N.J.A.C. 3:3-3.4.

3:3-3.8 Investigation

(a) Upon receipt of a complaint submitted pursuant to this subchapter, the designated ADA coordinator will notify the complainant of the receipt of the complaint and the initiation of an investigation into the matter. The designated ADA coordinator will also indicate a date by which it is expected that the investigation will be completed, which date shall not be later than 45 days from the date of receipt of the complaint, unless a later date is agreed to by the complainant.

(b) Upon completion of the investigation, the designated ADA coordinator shall prepare a report for review by the designated decision maker for the agency. The designated decision maker shall render a written decision within 45 days of receipt of the complaint, unless a later date is agreed to by the complainant, which decision shall be transmitted to the complainant and/or the alternate contact person if so designated by the complainant.