

**16:84-4.4 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 60 days from the date of receipt of the complaint by the ADA Coordinator, 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 Executive Director or his or her designee for the Agency. The Executive Director or his or her designee shall render a written decision within 60 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.



Name of Witness:	Address/Work Location:
Name of Witness:	Address/Work Location:
Name of Witness:	Address/Work Location:
Has the problem been reported to any other person? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, with whom did you speak?	
Name:	Date:
Position:	
What was the result of your conversation with that person?	
<b>(NJ TRANSIT Employees Only)</b>	
Have you sought assistance about the action you think was discriminatory from your supervisor, union rep., or from any other person? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(If the answer is yes, complete below):	
Name of Person:	Position:
Date Assistance Sought: / /	
RESULTS (IF ANY):	
Have you filed a complaint in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO      (If the answer is yes, complete below):	
Approximate Date(s) Filed: / /	Person(s):
SIGNATURE OF COMPLAINANT:	
DATE:	
<b>For EEO/AA Department Use Only</b>	
ACTION: _____ (Termination, Discipline, Promotion, Accommodation, Access, etc.)	Complaint #:
Date Filed: / /	
Date Closed: / /	
DIVISION: <input type="checkbox"/> Bus <input type="checkbox"/> Rail <input type="checkbox"/> Administrative Support	DEPARTMENT:
BASIS (Physical, Mental, Perception, Drug, Alcohol, etc.):	
Investigator Assigned _____ Date _____	
Manager EEO/AA & Diversity Programs _____ Date _____ (Signature)	