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
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:

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