

JTRANS COMPLAINT FORM

Any person who believes that he, or she, or any specific class of persons has been subjected to discrimination or retaliation prohibited by the Civil Rights Act of 1964, as amended, and related statutes, under JTrans program of transit service delivery or related services or programs is encouraged to file a report with JTrans at:

JTRANS
 P.O. Box 1117
 3988 Old Cottondale Rd.
 Marianna, FL 32446
 Phone 850-482-7433
 Email: speeler.jtrans@gmail.com

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. 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 more space is needed, please use the back of this form.		

