

JTRANS

Title VI Complaint Form

Or

ADA Complaint Form

Or

Transportation Disadvantaged Complaint Form

(Circle One)

Consistent with Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA) and TD, the Agency has designated an individual as the Title VI/ADA/TD Coordinator. The Coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A Complaint shall be submitted in writing within the following time frames:

- **Title VI:** No later than 180 days from the date of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA:** No later than 60 days from the date of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded/denied transportation services by JTrans.
- **TD:** No later than 60 days from the date of the alleged discrimination of a qualified individual solely on the denial of transportation disadvantaged program services.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: JTrans does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact the **Transportation Director (850) 482-7433**.

Please submit this form via email to speeler@jtrans.org or mail this form to:

**JTrans
ATTN: Transportation Director
P.O. Box 1117
Marianna, FL 32446**

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Submit a Civil Rights Title VI/ADA/TD Complaint:

Section I

Name: _____

Address: _____

Telephone (Home): _____ Work: _____

Electronic Mail Address: _____

Accessible Format Requirements (Circle):

Large Print Audio Tape TDD Other

Section II

Are you filling this complaint on your own behalf? ☐ Yes* ☐ No

*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining for:

Name _____ Relationship _____

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 applies):

☐ Race ☐ Color ☐ National Origin ☐ Gender ☐ Religion ☐ Disability ☐ Age
☐ Family Status ☐ Transportation Disadvantaged

Date of Alleged Discrimination (Month, Day, Year)

Explain as clearly as possible what happened and why you believe you 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. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

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Section IV

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency ☐ State Agency

☐ Federal Court ☐ Local Agency

☐ State Court

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section V

Name of the agency complaint is against:

Contact Person: _____

Title: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature _____ **Date** _____