



Americans with Disabilities Act (ADA) Complaint Form



The ADA complaint form can also be found on the City of Jackson's website at:
www.jacksonms.gov/transportation

Form may be hand delivered, faxed or emailed to:

JTRAN Administrative Office

1785 Highway 80 West

Jackson, MS 39204

Fax: 601.326.5416

Email: transitstaff@city.jackson.ms.us

If you need to contact customer service, please call 601-960-1887

PART A: COMPLAINANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Mobile Phone _____

Email Address _____

I certify that the information in this application is true and correct. I understand all information will be kept confidential.

Signature _____ Date _____

PART B: PARATRANSIT ELIGIBILITY COMPLAINT

ADA regulations specify who is to be determined ADA paratransit eligible. Transit agencies, with input from the communities they serve, develop their specifics of their own eligibility processes. Disability alone does not determine paratransit eligibility. Paratransit eligibility is based on an applicant's functional ability to use fixed route service and is not a medical decision.

- Denied your initial request for paratransit eligibility
- Denied your recertification request for paratransit eligibility
- Granted you less than full eligibility (e.g., conditional, trip-by-trip or temporary)

Clearly explain what happened and why you believe you were discriminated against.

PART C: PARATRANSIT ON-TIME PERFORMANCE COMPLAINT

ADA regulations prohibit transit agencies from limiting ADA complementary paratransit service to eligible individuals by means of a “pattern or practice” — or a substantial number — of untimely pickups, trip denials, lengthy trips, and other operational practices.

- Untimely pickups
- Missed trips
- Trip denials
- Lengthy trips
- Other

Clearly explain what happened and why you believe you were discriminated against. Include specific details such as dates, times, trip lengths, pickup and drop-off locations, and an explanation of what occurred on this date and time, and any other relevant information.

Date: _____
Pick Up Time: _____
Pick Up Location: _____
Drop Off Time: _____
Drop Off Location: _____
Trip Length: _____
Comments: _____

PART D. OTHER

Clearly explain what happened and why you believe you were discriminated against.

Attach any documentation that is relevant to this complaint.