



TITLE VI COMPLAINT FORM

The City of Jackson, Department of Planning and Development, Transit Services Division (and its subcontractors) complies with Title VI of the Civil Rights Act of 1964. The level and quality of transportation service will be provided without regard to race, color, national origin, age, sex or disability. The City of Jackson is committed to a policy of non-discrimination in the conduct of its business, including its Title VI responsibilities and to the delivery of equitable and accessible transportation services.

Any person who believes that he or she has been subjected to discrimination under Title VI on the basis of race, color or national origin may file a Title VI complaint with the Federal Transit Administration (FTA) and/or the City of Jackson. All complaints will be promptly investigated by City and the FTA within one hundred eighty (180) days following the date of the alleged discrimination by one of the following ways: Mail: City of Jackson, Transit Services Division, Attn: Title VI Coordinator, 200 S. President Street, Suite 223. Jackson, MS 39201, Telephone: (601) 960-1100 or (601) 960-1887, Fax: (601) 960-0864, Online: www.jacksonms.gov/jatran or email: ocraft@jacksonms.gov or transit@jacksonms.gov.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email Address:				
Accessible Format Requirements:	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing 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:				
Please explain why you have filed for 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):

Race Color 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 witness. If more space is needed, please use the back of this form.

Section IV:

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V:

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 VI:

Name of agency complaint is against:

Contact person:

Title:

Telephone:

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

Signature and date required below

Signature

Date