JCT is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by of 1990 (ADA) 42 USC § 12101 e.t. sec; Section 504 of the Rehabilitation Act of 1973, as amended, 29 USC § 794; and section 16 of the Federal Transit Act, as amended, 49 USC app § 1612.

Any person who believes JCT may have an accessibility issue (including a request for reasonable modification which JCT denied) or a discrimination issue based on disability, may file a signed, written ADA complaint with JCT. ADA complaints must be filed within 180 days from the date of the alleged incident.

The information below is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact Brad Osborne, Transit Planner, by calling (423) 434-6269.

The completed form must be returned to Brad Osborne, Transit Planner, Johnson City Transit, 137 W. Market Street, Johnson City, TN 37604.

**Section 1.**

**Complainant Name and Contact Information:**

<table>
<thead>
<tr>
<th>Complainant:</th>
<th>Phone:</th>
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<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Alt Phone:</th>
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<tr>
<th>City, State, Zip Code</th>
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<tr>
<th>Person Preparing Complaint (if different from Complainant):</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address, City, State, Zip Code (of person preparing complaint, if different from Complainant)</th>
</tr>
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</table>
Section 2.

Date of Incident: ____________________________________________

Description of Incident:

Please describe in the space below the alleged ADA accessibility (including a request for reasonable modification(s) which JCT denied) incident and/or the alleged ADA discriminatory incident, including all pertinent facts and details. Please include the location(s), times, and JCT vehicle, if applicable. If JCT employees are involved, provide their names and titles if available. You may attach additional pages if additional space is needed. You may also attach any written materials or other information that you think is relevant to your complaint.

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Section 3.

Complainant confirmation and signature:

I affirm that I have read the above allegation and that it is true to the best of my knowledge, information, and belief.

_______________________________________ __________________________
Complainant’s Signature     Date

_______________________________________
Print or Type Name of Complainant

Please mail to:

Attn: Brad Osborne
Johnson City Transit
137 West Market Street
Johnson City, TN 37604

JCT use only

Date Received: ______________________
Received By: ________________________