



## Americans with Disabilities Act Complaint Form Johnson City Transit (JCT)

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:**

Complainant:	Phone:
Street Address:	Alt Phone:
	City, State, Zip Code
Person Preparing Complaint (if different from Complainant):	
Street Address, City, State, Zip Code (of person preparing complaint, if different from Complainant)	



**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: \_\_\_\_\_