

Exhibit II: JCMTD ADA Complaint Form

Jackson County Mass Transit District ADA Complaint Form

Section I

Name: _____

Address: _____

Telephone Number(s): HOME _____ WORK _____

E-Mail Address: _____

Do you have accessible format requirements? Check each that applies:

Large Print _____ Audio Tape _____ TDD _____ Other _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficiency (LEP) Beneficiaries.

In JCMTD's complaint investigation process, we analyze the complainant's allegations for possible ADA and related deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. The State of Illinois may also refer the matter to the U.S. Department of Justice for Enforcement.

Section II

Are you filing this complaint on your own behalf? Yes__ No_____ (*If you answered 'yes' to this questions go to Section III*)

If the answer was 'no' please supply the name of the person for whom you are complaining: _____

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

Have you ever filed with any other organization? Yes _____ or No _____ *(If you answered 'No' to this questions go to Section IV)*

Check all that applies below.

IDOT _____ Department of Justice _____ Equal Employment Opportunity
Commission _____ Other _____

If specify "other", please be specific by providing the name of organization(s) within the lines provided.

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

Name:

Title:

Agency:

Address:

Telephone:

If necessary, please provide on separate sheet(s) all contact information of each organization indicated above.

(Note: The above information helpful for administrative tracking purposes. However, if litigation is pending regarding the same issue(s), we will defer to the decision of the court)

Section IV

On separate sheets of paper, please describe your complaint. You should include specific details such as names, dates, times, route or bus number, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to your complaint.

(Note: We cannot accept your complaint without a signature)

Signature _____ Date _____

Return completed form to:
Jackson County Mass Transit District
Attn: ADA Coordinator
602 E College St.
Carbondale IL, 62901