

**Jackson Municipal Airport Authority  
Americans with Disabilities Act (ADA) Complaint Form**

The Jackson Municipal Airport Authority (JMAA) is committed to ensuring that no person is excluded from participation, denied benefits of, or subjected to discrimination at the Airport. If you believe that you have been denied access to a program, activity or service at this Airport based upon a disability, please complete this form and submit it to Kelly Elliott, Operations Manager, at the address or email address at the end of this form.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Operations Manager by calling 601-939-5631 or e-mail [kelliott@jmaa.com](mailto:kelliott@jmaa.com).

**Complainant Information**

Name

Phone Number(s)

Email Address

Street Address

City, State, Zip Code & Country

**Person(s) discriminated against (if someone other than complainant)**

Name

Phone Number(s)

Email Address

Street Address

City, State, Zip Code & Country

**Incident Description**

Date of Incident (MM/DD/YY)

Time of Incident

Location of Incident

Please describe in detail the alleged discrimination and the names of those responsible. Please use the following section and/or attach additional sheets if more space is required.

How can this issue be resolved to your satisfaction?

Was there a witness? Please provide contact information including name, address, phone number and email address, if known. Attach additional sheets if needed.

Attach any additional documents you believe supports your complaint.

**Additional Information**

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES

NO

If you answered "YES", please provide the following information:

Agency (ies)

Contact Name

Date Filed (MM/DD/YYYY)

**Signature**

I affirm that all information in this complaint is true and complete to the best of my knowledge and belief.

Complainant's Signature (*Typed name for electronic submittal*)

Date (MM/DD/YYYY)

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**Jackson Municipal Airport Authority USE ONLY**

Received By

Date (MM/DD/YYYY)

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**The completed form may be submitted to:**

**Jackson Municipal Airport Authority  
Operations Manager  
100 International Drive, Suite 300  
Jackson, MS 39298-8109**

**- OR -**

[kelliott@jmaa.com](mailto:kelliott@jmaa.com)

**SUBMIT**