



Americans with Disabilities Act Discrimination 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 Eugene Stewart, Health and Safety Officer, 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 Health and Safety Officer by calling 601-939-5631 or email estewart@jmaa.com.

Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant Information:

Complainant:

Address:

City, State and Zip Code:

Telephone Home:

Telephone Business:

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

Name:

Address:

City, State, and Zip Code:

Telephone: Home:

Telephone Business:

Government, or organization, or institution which you believe has discriminated:

Name:

Address:

County:

City:

State and Zip Code:

Telephone Number:

When did the discrimination occur? Date:

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court:

Address:

City, State and Zip Code:

Telephone Number:

Additional space for response:

Signature:

Date:

To file an ADA complaint by mail, send this completed form to:

**Jackson Municipal Airport Authority
100 International Drive, Suite 300
Jackson, MS 39208-2394**

Or

**P. O. Box 98109
Jackson, MS 39298**

Or

**Email complaint to:
estewart@jmaa.com**