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 Health and Safety Officer by calling 601-939-5631 or e-mail estewart@jmaa.com.

<u>Complainant Information</u>	
Name	Phone Number(s)
Email Address	
Street Address	
City, State, Zip Code & Country	
Person(s) discriminated against (if someone other than co	omplainant)
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 discriminuse the following section and/or attach additional actions are section.	nation and the names of those responsible. Please tional sheets if more space is required.
How can this issue be resolved to your satisf	action?
Was there a witness? Please provide cor number and email address, if known. Attach	ntact information including name, address, phone additional sheets if needed.

Attach any additional documents you believe supports your complaint.

Additional Information	on
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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 (M

Date (MM/DD/YYYY)

Jackson Municipal Airport Authority USE ONLY

Received By Date (MM/DD/YYYY)

The completed form may be submitted to:

Jackson Municipal Airport Authority
Health and Safety Officer
100 International Drive, Suite 300
Jackson, MS 39298-8109

- OR -

estewart@jmaa.com

SUBMIT