Notice to the public of their rights under the ADA

- In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38, and 39) Jonesboro Economical Transportation System (JET) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities.

- Any person who believes that he or she, individually or as a member of any specific class of persons, has been subjected to discrimination on the basis of a disability may file a written complaint with the City of Jonesboro, Transit Department, P.O. Box 1845, 2630 Lacy Drive, Jonesboro, AR 72403. Complainants also have the right to communicate directly to the appropriate Federal agency. Every effort will be made to obtain early resolution of any/all complaints. The option of informal meeting(s) between the affected parties and the Transit Director and the Human Resources Director may be utilized for resolutions.

JET’s Notice to the Public is available:

- On the JET website
- In the lobby of JET’s Administrative and Operational Facility
- In the waiting area of the JET Regional Transfer Center

For more information on the City of Jonesboro’s civil rights program, and the procedures to file a complaint, contact (870) 933-4640; email: ddouglas@jonesboro.org; or visit the city of JonesboroMunicipal Center located at 300 S. Church St, Jonesboro, AR 72401. For more information visit http://www.jonesboro.org/Humres/HR.html

If information is needed in a language other than English, contact (870) 933-4640
ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39) Jonesboro Economical Transportation System (JET) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities.

GENERAL

Any person who believes that he or she, individually or as a member of any specific class of persons, has been subjected to discrimination on the basis of a disability may file a written complaint with the City of Jonesboro, Transit Department, P.O. Box 1845, 2630 Lacy Drive, Jonesboro, AR 72403. Complainants also have the right to communicate directly to the appropriate Federal agency. Every effort will be made to obtain early resolution of any/all complaints. The option of informal meeting(s) between the affected parties and the Transit Director and the Human Resources Director may be utilized for resolutions.

PROCEDURE

1. The complaint must meet the following requirements:
   a. The Complaint shall be in writing and signed by the complainant(s). In cases where complainant is incapable of providing a written statement, a verbal complaint may be made. The Transit Director will interview the complainant and assist the person in converting verbal complainants to writing. All complaints must, however, be signed by the complainant or his/her representative.
   b. The Complaint must include the date of the alleged act of discrimination, date when the complainants became aware of the alleged act of discrimination, or the date on which that conduct was discontinued or the latest instance of conduct.
   c. The Complaint must present a detailed description of the issues, including names and job titles of those individuals perceived as parties to the complaint.
   d. Federal law requires complaints to be filed within 180 calendar days of the alleged incident.

2. A complaint must meet the following criteria for acceptance:
   a. The complaint must be filed within 180 calendar days of the alleged occurrence.
   b. The allegation must involve a covered basis regarding any disability covered under the Americans with Disabilities Act.
   c. The allegation must involve a JET service or that of a JET sub-recipient/contractor.

3. A complaint may be dismissed for the following reasons:
   a. The complainant requests the withdrawal of the complaint.
   b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
   c. The complainant cannot be located after reasonable attempts.

4. Upon receipt of a properly filed complaint, the Transit Director will forward the complaint to the Human Resource Department for the investigation of its merits. The Transit Director will also collect data pertinent to circumstances of the allegations.
5. Once JET and the COJ Human Resources Department decide to accept the complaint for investigation, the complainant will be notified in writing of such determination.

6. In cases where JET and the COJ Human Resources Department assumes the investigation of the complaint, within 90 calendar days of the acceptance of the complaint, an investigative report will be developed by JET Transit Director and COJ Human Resources Director. This report shall include a narrative description of the incident, identification of persons interviewed, a determination developed from the factual findings, and recommendations for disposition. In the event JET is found to be in non-compliance with ADA regulations, remedial actions will be listed.

7. The investigative report and the determination will be presented for review to the Mayor of Jonesboro and, in some instances, to the Jonesboro City Attorney, each of whom will have the authority to modify the findings as they may deem necessary.

8. Notice of the investigative report developed by the Transit Director and the Human Resources Director, and reviewed by the Mayor, will be mailed to the complainant. This notice shall also include information regarding appeal rights of the complainant and instructions for initiating such an appeal. Notice of appeals are as follows:
   a. JET will reconsider the findings in the investigative report if new facts come to light.
   b. If the complainant is dissatisfied with the findings in the investigative report set forth by, the same complaint may be submitted to FTA for investigation. Complainant will be advised to contact the Federal Transit Administration, Office of Civil Rights, 819 Taylor Street, Room 8A36, Fort Worth, TX 76102, or by telephone at (817) 978-0558.

9. A copy of the original complaint, JET investigative report, and the Final Remedial Action Plan, if appropriate, will be issued within 120 days of the receipt of the complaint.

10. A summary of the complaint and its resolution will be included as part of the ADA updates to FTA by JET.
# ADA COMPLAINT FORM

## SECTION 1

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone (home/Cell):</td>
<td>Telephone (work):</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Do you require an accessible format? [ ] Large Print [ ] Audio Tape [ ] TTY/TDD [ ] Other

## SECTION 2

Are you filing this complaint on your own behalf? [ ] Yes [ ] No

*If you answered “yes” to this question, go to Section 3*

If not, please provide the name and relationship of the person for whom you are filing:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
</table>

Have you obtained permission from this person? [ ] Yes [ ] No

## SECTION 3

If you believe you have been discriminated against based on a disability, please provide as much detail as possible concerning the alleged discrimination.

<table>
<thead>
<tr>
<th>Date of Alleged Discrimination:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transit Route:</td>
<td>Vehicle:</td>
</tr>
<tr>
<td>Employee(s) Involved:</td>
<td></td>
</tr>
</tbody>
</table>

Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please attach a separate sheet of paper to this form.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
### SECTION 4
Have you previously filed an ADA complaint with JET?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Contact Name: ____________________________  Telephone Number: __________________

### SECTION 5
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

[ ] Yes  [ ] No

If yes, check all that apply:

[ ] Federal Agency: __________________  [ ] Federal Court: __________________

[ ] State Agency: __________________  [ ] State Court: __________________

[ ] Local Agency: __________________  [ ] Local Court: __________________

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

**Name:**

**Title:**

**Agency:**

**Address:**

**Telephone:**

### SECTION 6 – COMPLAINANT SIGNATURE

Signature  
Date

If you need assistance completing this form please contact JET Administrative Offices at 870-935-5387, Monday – Friday 8:00 AM to 5:00 PM.

Please submit this form to the address below:

City of Jonesboro, JET  
P.O. Box 1845  
2630 Lacy Drive  
Jonesboro, AR 72403