



Jackson County Transit
876 Skyland Drive Suite 1, Sylva, NC 28779
chucknorris@jacksonnc.org

Discrimination Complaint Form

Discrimination Complaint Form

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Have you discussed the complaint with any NCDOT representative? If yes, provide the name, position, and date of discussion.	
Please provide any additional information that you believe would assist with an investigation.	
Briefly explain what remedy, or action, you are seeking for the alleged discrimination.	
**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.	
_____	_____
COMPLAINANT'S SIGNATURE	DATE

MAIL COMPLAINT FORM TO:

Jackson County Transit

Mailing:
876 Skyland Drive, Suite 1
Sylva, NC 28779

Location:
876 Skyland Drive Suite 1
Sylva, NC 28779

FOR MORE INFORMATION VISIT THE WEB SITE:

www.ncdot.org/business/ocr/

or call

919-508-1808 or 800-522-0453

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA FTA FAA USDOT DOJ Date Referred: _____