



AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT RESOLUTION FORM

The Aviation Authority has adopted a grievance procedure providing for prompt and equitable resolution of complaints alleging discrimination on the basis of disability. Complaints that a program, service, or activity of the Aviation Authority is not accessible to persons with disabilities should be directed to the ADA Coordinator in writing using this form.

Date of incident: _____

Name: _____
First Middle Initial Last

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Location of Incident: (Please mark a in the appropriate box)

- Main Terminal Building Airside A Airside C Airside E Airside F
- Other location (i.e., parking garage): _____

In the space below, provide a description of the incident you believe was discriminatory on the basis of disability, violated the ADA or denied you access to a program, service or activity. Include the name of the specific facility or person(s) you believe is responsible.

(You may attach additional sheets of information if more space is needed)

What would you like the ADA Coordinator to do to resolve of your complaint?

Complainant Acknowledgement:

I certify that the information provided is accurate to the best of my knowledge. I understand and consent to the disclosure of information contained in this complaint to appropriate task force members and witnesses interviewed for the purpose of investigating this complaint.

Complainant Signature: _____ Date: _____

Mail or fax this completed form, along with any attachments related to this complaint, to:

Hillsborough County Aviation Authority
 Attn: ADA Coordinator
 Ethics, Compliance and Diversity Department
 P. O. Box 22287
 Tampa, FL 33622
 Ph: (813) 554-1450 / Fax: (813) 875-6670