

## **ATTACHMENT A**

## ADA COMPLAINT FORM

The Columbus Regional Airport Authority (CRAA) is committed to ensuring the Americans with Disabilities Act (ADA) of 1990 policies and procedures are enforced at its airports, by our employees, tenants, and concessionaires. If you feel that you have been discriminated against at one of our airports, please document your complaint by completing this form and submitting it to:

Suzanne Bell, ADA Program Coordinator Columbus Regional Airport Authority 4600 International Gateway Columbus, Ohio 43219 Legal@ColumbusAirports.com 614-239-5032

Complaint forms can be submitted via a) **online fillable pdf**; b) **email**; c) **mail**; d) **in person at CRAA's Administrative Offices**, 4600 International Gateway Columbus, OH 43219 during normal business hours.

Please be advised that CRAA is obligated to comply with the Ohio Public Records Law, Ohio Revised Code Sections 149.43 et. Seq. Furnishing the requested information is voluntary; however, the failure to provide such information may result in CRAA being unable to process your complaint.

Sectio	n I Complainant Info	ormation
1.	Complainant Name:	
2.	Address (City, State & Zip):	
3.	Telephone (include area code): ( ) -	3a. Secondary Phone (Optional):  ( ) -
4.	Email Address:	
5. Neede	Are Special accommodations required:	[ ] Sight Impaired [ ] Hearing Impaired [ ] Translation

Section	on II Person (other than Complain	nant) Alleging an ADA Violation				
6.	Name:					
7.	Address (City, State and Zip):					
8.	Telephone (include area code): ( ) -	3a. Secondary Phone (Optional):  ( ) -				
9.	Email Address:					
10	. Are Special accommodations required:	[ ] Sight Impaired [ ] Hearing Impaired				
		[ ] Translation Needed				
Section	on III Airport Authority Service, Program	m or Facility Allegedly in Violation				
	. Date Alleged Violation Occurred: (mm/dd/yyyy)					
12	. Location Alleged Violation Occurred:					
[ ] (CMH) John Glenn Columbus [ ] (LCK) Rickenbacker Airport [ ] (TZR) Bolton Field						
13. Description of Service (Wheelchair Assistance, Ground Transportation, Other). If traveling, indicate Airline used and/or the names/titles of any airport authority employee involved.						
14	. Description of Alleged Violation and Requested	Remedy (please add pages if necessary)				

15. Has this case been filed with the Department of Justice or other Government Agency or court?						
[]Yes []No						
If you answered "Yes" to the Previous Question, Complete the Following						
16. Agency or Court:						
17. Contact Person:						
18. Address (City, State & Zip):						
19. Telephone (include area code):  ( ) -						
20. Date Filed: (mm/dd/yyyy)						
Other Comments						
You may attach any written materials or other information that you think is relevant to your complaint. Signature and Date are required below to complete this form.						
Signature Date						

Name of ADA Coordinator or Employee Processing the Complaint:  Date and Method Complaint Was Submitted: (mm/dd/yyyy)  [ ] In Person [ ] Fillable pdf w/e-sign [ ] Mail/Received [ ] Email/Online  Start Date of Complaint Review:	For Airport Use Only								
[ ] In Person [ ] Fillable pdf w/e-sign [ ] Mail/Received [ ] Email/Online  Start Date of Complaint Review:    Date FAA Notified:	For Airport Use Only  Name of ADA Coordinator or Employee Processing the Complaint:								
Start Date of Complaint Review:    Date FAA Notified:	Date and Method Complaint Was Submitted: (mm/dd/yyyy)								
Review:  (mm/dd/yyyy)  (mm/dd/yyyy)  Resolved within 15 Days:  [] Yes [] No [] Pending  [] Translation Services  [] Translation Services  [] Incident:  Notification Sent to Complainant:  (mm/dd/yyyy)  [] Translation Services	[ ] In Person [ ] Fillable pdf w/e-sign [ ] Mail/Received [ ] Email/Online								
[ ] Yes [ ] No [ ] Pending [ ] Braille Services [ ] Sign Language [ ] TDD's [ ] Translation Services	Review:			Notification Sent to Complainant:					
[ ] Translation Services	Resolved within 15 Days:	within 15 Days: List Special Accommodations:							
	[]Yes []No []Pending	[ ] Braille Services	[ ] Sign Language	[ ] TDD's					
Resolution Notes Appeal Filed Date (mm/dd/yyyy) [ ] Yes [ ] No	[ ] Translation Services								
	Resolution Notes	Appeal Filed Date	(mm/dd/yyyy)	[]Yes[]No					
Signature: Date:	Signature:			Date:					