



## 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](mailto: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.

Section I Complainant Information	
1. Complainant Name:	
2. Address (City, State & Zip):	
3. Telephone (include area code): (    )    -	3a. Secondary Phone (Optional): (    )    -
4. Email Address:	
5. Are Special accommodations required: Needed	<input type="checkbox"/> Sight Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Translation



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 \_\_\_\_\_

**For Airport Use Only**

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:

(mm/dd/yyyy)

Date FAA Notified:

(mm/dd/yyyy)

# Days Since  
Incident:

Date Complaint Receipt  
Notification Sent to  
Complainant:

(mm/dd/yyyy)

Resolved within 15 Days:

☐ Yes ☐ No ☐ Pending

List Special Accommodations:

☐ Braille Services ☐ Sign Language ☐ TDD's

☐ Translation Services

Resolution Notes

Appeal Filed Date (mm/dd/yyyy)

☐ Yes ☐ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_