**ADA/Section 504 Complaint Form**

The Kalamazoo/Battle Creek International Airport is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disability, as provided by the Rehabilitation Act of 1973, as amended. Additionally, 29 USC 794 further prohibits recipients of financial assistance from the US Department of Transportation from engaging in discrimination based on disability. ADA/Section 504 complaints must be filed within 180-days from the date of the alleged discrimination.

Please complete the following information, print the form, sign it, and return it to the Airport’s ADA/Section 504 Coordinator, at the address below, so that your complaint can be processed.

Kalamazoo/Battle Creek International Airport

Attn: ADA/Section 504 Coordinator

5235 Portage Rd.

Kalamazoo, MI 49002

For questions you can contact the ADA/Section 504 Coordinator by calling (269) 388-3668.

**Complainant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Complainant Name | E-Mail Address | | |
| Address | City | State | Zip Code |
| Home Phone (include area code) | Business Phone (include area code) | | |

**Person (other than Complainant) Alleging an ADA/Section 504 Violation**

|  |  |  |  |
| --- | --- | --- | --- |
| Complainant Name | E-Mail Address | | |
| Address | City | State | Zip Code |
| Home Phone (include area code) | Business Phone (include area code) | | |

**Airport Service, Program, Opportunity, or Activity Allegedly in Violation**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Alleged Violation Occurred (mm/dd/yyyy) | | Location | |
| Description of Service, Program, Opportunity or Activity (if traveling, indicate Airline used) | Or | | Description of Service, Benefit or Encounter (Limited-English Proficiency Only) |
| Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other) | | | |
| Description of Alleged Violation and Requested Remedy | | | |
| Has This Case Been Filed with the Department of Justice or Other Government Agency or Court? | | | |

**If You Answered “Yes” to the Previous Question, Complete the Following**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency or Court | | | |
| Contact Person | | | |
| Address | City | State | Zip Code |
| Phone (include area code) | | Date Filed (mm/dd/yyyy) | |
| Other Comments | | | |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this complaint will be forwarded to: Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, SW, Washington, DC 20591