

Americans with Disabilities Act (ADA) Title II

Complaint Form

Please use this form to file a complaint if you believe the Tucson Airport Authority (TAA) has not provided adequate accommodation for a disability.

Complainant Information

Complainant Name			
Address	City	State	Zip Code
Home Phone (include area code)		Business Phone (include area code)	

TAA Service, Program or Facility Allegedly in Violation

Date Alleged Violation Occurred (dd/mm/yyyy)
Description of alleged Violation and Requested Remedy
Has this case been filed with the Department of Justice or other government agency or court? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 (dd/mm/yyyy)		
Other Comments				

Signature _____

Date _____

NOTE: Please be advised that TAA complies with the Arizona Public Records Law, and that information provided in this form may be subject to public disclosure. Furnishing the requested information is voluntary, except that the failure to provide complete information may result may result in delay or in our being unable to resolve your complaint fully.
