

Americans with Disabilities Act (ADA) Title II Complaint Form

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

Instructions: Complete this form, print it, sign it and mail or fax to:

**TUCSON AIRPORT AUTHORITY
LORRAINE BEHR
7250 S. TUCSON BLVD.
SUITE 300
TUCSON, ARIZONA 85756
FAX: (520) 573-8006**

Complainant Information

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

Person (other than Complainant) Alleging an ADA Violation

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 _____ No _____

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

Date _____
