Americans with Disabilities Act (ADA) Title II Complaint Form

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

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

Wayne County Airport Authority
Detroit Metropolitan Airport
Attn: Accessibility Manager
L. C. Smith Building – Mezzanine
Detroit, Michigan 48242
Fax No. (734) 247-7138
Accessibility@wcaa.us

Complainant Information

Complainant Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)	•	1
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Person (other than Complainant) Alleging an ADA Violation			
Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)	I	ı
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Airport Authority Service, Program or Facility Allegedly in Violation			
Date Alleged Violation Occurred (dd/mm/yyyy)	Location (McNamara Terminal, North	Terminal, Othe	er)
Description of Service (Wheelchair Assistance, Ground Transportation, Other) (If traveling, indicate Airline used)			
Description of Alleged Violation and Requested Remedy			
Has this case been filed with the Department of Justice or other government agency or court?			

NOTE: Please be advised the Airport Authority is obligated to comply with the Michigan Freedom of Information Act, Michigan Compiled Laws (MCL) Section 15.231, *et seq.* Furnishing of the requested information is voluntary, except that the failure to provide such information may result in our being unable to process your complaint.