

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the email or physical address at the end of this form.

Complainant:

Address:

Telephone: Home: _____ Business _____

Person Discriminated Against (if other than the complainant): _____

Address:

Phone: Home _____ Business _____

Who do you believe has discriminated:

When did the discrimination occur?

Describe the acts of discrimination providing the name(s) where possible for the individuals who discriminated:

Has this complaint been filed with another government agency or court? Yes _____ No _____ If yes, which agency or court: _____

Contact person with that agency or court:

Phone number:

Do you intend to file with another agency or court? Yes _____ No _____

Signature: _____ Date: _____

Return to:

ADA Coordinator, Salt Lake City International Airport, P.O. Box 145550, Salt Lake City, Utah 84114

Or email to airportinfo@slcgov.com.