

**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 [AirportADA@slc.gov](mailto:AirportADA@slc.gov).