

Charleston County Aviation Authority

ADA Complaint Form



In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (ADA), the Charleston County Aviation Authority (CCAA) will not discriminate against qualified individuals with disabilities on the basis of disability in the services, activities, programs, benefits, and/or facilities of the Charleston International Airport.

The following information is necessary to assist CCAA in processing your complaint. The completed form must be returned to ADA Coordinator, Charleston County Aviation Authority, 5500 International Blvd., Suite #101, Charleston, S.C. 29418-6911.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No.
(Home/Cell): _____ (Work) _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Date of incident: _____

7. Description of alleged violation?
(additional space provided on next page)



ADA Complaint Form (continued)

8. Where did the incident take place?

9. Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

10. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? _____ If the answer is "Yes," please specify where the complaint was filed and list the contact information of the person you filed the complaint with:

AFFIRMATION

I hereby swear/affirm that the information that I have provided in this ADA Complaint Form is true and correct to the best of my knowledge, information and belief.

Your Signature	Today's Date
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Witness

Date