



**Cleveland Airport System  
Department of Port Control  
American with Disabilities Act (ADA)  
Complaint Form**

It is the intent of the Cleveland Airport System (CAS) to provide access and services associated with its operations to persons with disabilities in accordance with Title II of the American with Disabilities Act (ADA) of 1990. CAS has established, pursuant to Title II of the ADA and Section 504 of the Rehabilitation Act of 1973 complaint procedures to be utilized by persons who allege a complaint or violation of the ADA. Individuals are not required by federal regulations to use this Complaint Procedure/Form but may file complaints directly with the appropriate enforcement agency. Under CAS's Complainant Procedure, anyone who wishes to file a complaint alleging a violation of the ADA or discrimination on the basis of disability, sex or creed in the provisions of services, activities or programs has the right to file a written complaint.

Use this form to file a discrimination complaint if you believe CAS has not provided adequate accommodations based on disabilities, sex, or creed.

**1. Basis of Complaint:**

**Identify the basis on which you believe the discrimination, intimidation or retaliation occurred.**

- Disability:** A physical or mental condition that limits a person's movements, senses, or activities; a disadvantage or limitation, especially one imposed or recognized by the law
- Race:** Belonging to a certain race or because of certain characteristics associated with race
- Religion:** Religious/Spiritual beliefs
- Retaliation:** Retaliation for filing a discrimination complaint or for opposing illegal discriminatory practices
- National Origin:** National birth site – may also include person's language, accent or race
- Sex:** Male or female, masculine or feminine, gender identity and pregnancy
- Color:** Color of skin, including shade of skin within group
- Age:** Over 40

**2. Complainant Information/Your Information:**

**Complainant Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone (include area code)** \_\_\_\_\_

**Cell Phone (include area code)** \_\_\_\_\_

**Business Phone (include area code)** \_\_\_\_\_



**3. What are the most convenient times and way for us to contact you about this complaint?**

**4. Are you represented by an attorney in this matter?**

**5. Please provide information about person(s) who experienced the prohibited discrimination, intimidation, or retaliation, if different from complaint filer (Attach additional sheets if necessary):**



**6. Please provide information about the person(s) who performed the alleged prohibited act(s) (Attach additional sheets if necessary):**

**7. Explain the events that took place and why you believe you or another person were subject to discriminating, intimidating or retaliating act(s). For example, indicate who was involved and how another person treated you differently than others. Attach additional sheets, if necessary. Attach a copy of written materials that support your complaint.**



**8. When and where did the alleged discrimination, intimidation or retaliation take place?  
Provide date(s), time(s) and location(s).**

**9. Supporting Contacts/Witnesses – List any person(s) – witnesses, fellow employees, supervisors, passengers or others whom we may contact for additional information to support your complaint (Attach additional sheets if necessary).**

**10. Do you have any additional information that is relevant to the investigation of your complaint?**



**11. What remedy are you seeking?**

**12. Have you (or the person who experienced the discrimination, intimidation, or retaliation) filed the same or any other complaint(s) with our office or another office/entity in the Department of Transportation (federal, state, local, airport, transit, highway or maritime).**

- YES
- NO

If yes, please provide the information in an attachment to this document.



**13. Signature and Date (signature is required to process this complaint):**

\_\_\_\_\_  
PRINT NAME                      SIGNATURE                      DATE

Submit this signed and dated form or your letter containing the same information and signature and date to the address below:

**Rosita Turner  
Manager, Office of Compliance and Inclusion  
Title VI/ADA Compliance Coordinator  
Cleveland Airport System  
5300 Riverside Drive  
PO Box 81009  
Cleveland, Ohio 44181-0009**

**Or Email: [rturner@clevelandairport.com](mailto:rturner@clevelandairport.com)**