

**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: ADA/Title VI Coordinator  
11050 Rogell Dr., #602  
Detroit, Michigan 48242  
Tele. No. (734) 247-7370  
[Accessibility@wcaa.us](mailto:Accessibility@wcaa.us)

**Complainant Information**

Complainant Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code) (     )     -	Business Phone (include area code) (     )     -		

**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) (     )     -		

**Airport Authority Service, Program or Facility Allegedly in Violation**

Date Alleged Violation Occurred (dd/mm/yyyy)	Location (McNamara Terminal, North Terminal, Other)
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? Yes _____ No _____	

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court			
Contact Person			
Address	City	State	Zip Code
Phone (include area code) (     )     -	Date Filed (dd/mm/yyyy)		
Other Comments			

Signature \_\_\_\_\_

Date \_\_\_\_\_

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.