



**Phoenix-Mesa Gateway Airport Authority
Americans with Disabilities Act (ADA) Complaint Form**

The Phoenix-Mesa Gateway Airport Authority (PMGAA) is committed to ensuring that no person is excluded from participation, denied benefits of, or subjected to discrimination at the Airport. If you believe that you have been denied access to a program, activity or service at this Airport based upon a disability, please complete this form and submit it to Veronica Lewis, ADA Coordinator, at the address or email address at the end of this form.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the ADA Coordinator by calling 480-988-7622 or e-mail CivilRights@gatewayairport.com. Complaints must be filed within 180 days of the incident.

Complainant Information

Name

Phone Number(s)

Email Address

Street Address

City, State, Zip Code & Country

Person(s) discriminated against (if someone other than complainant)

Name

Phone Number(s)

Email Address

Street Address

City, State, Zip Code & Country

Incident Description

Date of Incident (MM/DD/YY)

Time of Incident

Location of Incident

Please describe in detail the alleged discrimination and the names of those responsible. Please use the following section and/or attach additional sheets if more space is required.

How can this issue be resolved to your satisfaction?

Was there a witness? Please provide contact information including name, address, phone number and email address, if known. Attach additional sheets if needed.

Attach any additional documents you believe supports your complaint.

Additional Information

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES NO

If you answered “YES”, please provide the following information:

Agency (ies) Contact Name Date Filed (MM/DD/YYYY)

Signature

I affirm that all information in this complaint is true and complete to the best of my knowledge and belief.

Complainant’s Signature (*Typed name for electronic submittal*) Date (MM/DD/YYYY)

Phoenix-Mesa Gateway Airport Authority USE ONLY

Received By Date (MM/DD/YYYY)

The completed form may be submitted to:

**Phoenix-Mesa Gateway Airport Authority
ADA Coordinator
5835 S. Sossaman Road
Mesa, AZ 85212**

- OR -

CivilRights@gatewayairport.com

SUBMIT