

**Columbia Metropolitan Airport
Americans with Disabilities Act Discrimination Complaint
Form**



In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (ADA), the Richland-Lexington Airport District (RLAD) will not discriminate against qualified individuals with disabilities on the basis of disability in the services, activities, programs, benefits, and/or facilities of the Columbia Metropolitan Airport.

The following information is necessary to assist RLAD in processing your complaint. The completed form must be returned to: Chappelle Broome, ADA Coordinator, Columbia Metropolitan Airport, 3250 Airport Blvd. Suite 10 International Blvd., Suite #10, West Columbia, S.C. 29170.

1. Complainant: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone:

Home: _____ Business: _____

4. Person Discriminated Against: **(if other than the complainant)**

Name: _____

Address: _____ City: _____

_____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____

5. Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Telephone Number: Home: _____ Work: _____

6. When did the discrimination occur?

Date: _____

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7. Describe the acts of discrimination providing the name(s), if possible, of the individuals who discriminated:

8. Site of incident:

9. Witness Information:

a. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: Home: _____ Work: _____

b. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: Home: _____ Work: _____

10. Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

11. If yes: what is the status of the grievance?

12. Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

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Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home _____ Business: _____

Date Filed: _____

13. Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone Number: Home _____ Business _____

Signature: _____

Date: _____