



# Charleston County Aviation Authority ADA Complaint Form

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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.

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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)*

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**ADA Complaint Form** (continued)

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8. Where did the incident take place?

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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:

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**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

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Date