

## **Americans with Disabilities Act Grievance Form**

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, Hartsfield-Jackson Atlanta International Airport makes all programs and services associated with its operation accessible to all persons with disabilities. Please use this form to file a grievance if you believe that you were denied access to an Airport program or service based on disability. You can file your complaint with the Civil Rights Division by mail to Hartsfield-Jackson Atlanta International Airport, located at 6000 N. Terminal Parkway, Suite 4000, Atlanta, GA 30320, or via email at civilrights@atl.com. If you have additional inquiries, feel free to reach out to Karen Ellis at (404) 382-2031. You can also send a fax to (404) 305-2428.

(101) 002 2001. Tod call aloc colla a	Tax to (101) 000 2 120.
Grievant name	
Address	
City	
State	
ZIP code	
Phone number	
Email address	
Date of incident	
Time of incident	
Location of incident	
Name(s) of people involved	
Airport-affiliated party involved	
Nature of incident	
Proposed remedy	
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Did you file a Grievance form with the U.S. Department of Justice,	
another government agency, or in	
court? If so, provide the contact	
information of that agency or	
court and the date grievance was	
filed. If you haven't filed with the Department of Justice regarding	
airline service but would like to do	
so, click here.	
(https://www.transportation.	
gov/airconsumer/form-382)	
Please submit a photo or file with the grievance form (optional)	

Signature Date