Americans with Disabilities Act (ADA) Complaint Form

The Bradley International Airport is committed to providing and promoting equal opportunities in all of its employment practices, programs, activities and services. This commitment includes following the mandates of the Americans with Disabilities Act of 1990 (ADA) and Title II, a federal law that makes it unlawful to discriminate against a qualified person with a disability in all aspects of the employment process and in the provision of services and benefits.

Use this form to file a complaint if you believe Bradley International Airport has not provided adequate access to airport services, programs, opportunities, or activities.

Complete this form, print it, sign it, and mail or email to:

By mail to: Bradley International Airport

Attn: Mr. Ryan Tenny – ADA Coordinator Terminal A, 3rd Floor, Administration Office Schoephoester Road, Windsor Locks, CT 06096

OR

By email to: rtenny@ctairports.org with the subject line "ADA Complaint"

If you are unable to write because of your disability and are unable to submit a complaint via mail or email, the ADA Coordinator can assist you by scribing your complaint by phone at (860) 292-2044.

Complainant Information

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

Incident Information (attach additional pages as necessary)

Date of Incident (mm/dd/yyyy)	Location of Incident
Description of Service, Program, Opportunity, Bene Please describe as fully as possible the specific facts of the your complaint. Please submit any documentation that y	e incident(s) that you are reporting, and the nature of
Description of Alleged Violator (Airport, Tenant, Coname(s) and position(s) of those persons who engaged in you do not know that name of the person(s), please proving the person of the	the conduct that is the subject of your complaint. If
Description of Alleged Violation and Requested Ren	nedy
Has this complaint been filed with any other Federa ☐ Yes ☐ No	II, State, or Local agency or court?

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 (mr	Date Filed (mm/dd/yyyy)		
Other Comments				
Please attach any written materials or ad	lditional information that ye	ou feel is relevant to	your complaint.	
·	·			
Signature		Date		