

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II

GRIEVANCE FORM

(Please Print)

Purpose: Use this form to file a grievance if you believe that Reno-Tahoe Airport Authority ("Authority") has not provided adequate accommodation for a disability.

Instructions: Complete this form, print it, sign it, and mail or hand deliver it to:

Reno-Tahoe Airport Authority
Attn: ADA Compliance Officer
2001 E. Plumb Lane
Reno, Nevada 89502

Today's Date: (dd/mm/yyyy)		
Click here to enter a date.		
GRIEVANT INFORMATION		
Grievant Last Name:	First:	Middle:
Mailing Address:		
City:	State:	ZIP Code:
Home Phone (include area code) () -	Business Phone (include area code) () -	Cell Phone (include area code) () -

PERSON (OTHER THAN GRIEVANT) ALLEGING AN ADA VIOLATION		
Last Name:	First:	Middle:
Mailing Address:		
City:	State:	ZIP Code:
Home Phone (include area code) () -	Business Phone (include area code) () -	Cell Phone (include area code) () -

AUTHORITY SERVICE, PROGRAM, OR FACILITY ALLEGEDLY IN VIOLATION

Date Alleged Violation Occurred (dd/mm/yyyy)

[Click here to enter a date.](#)

Description Of Alleged Violation, Requested Remedy, and Efforts to Resolve:

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

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 (dd/mm/yyyy)

() -

[Click here to enter a date.](#)

Other Comments:

Signature: _____ Date: _____