

Case number:

U.S. Department of Transportation Aviation Consumer Protection Division , C-75-D 1200 New Jersey Ave., SE Washington, DC 20590

Complaint Concerning Accessibility of Airline Service (Passengers with Disabilities)

For reporting incidents believed to constitute discrimination against a passenger with a disability or a violation of DOT's accessibility rules under the Air Carrier Access Act (14 CFR Part 382). Please complete this form and mail it to the above address. Please type, write legibly, or print, in black ink. You may wish to keep a photocopy of this form. If available, enclose a copy of your airline ticket or travel agency itinerary sheet.

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Passenger Informa	tion						
Name:							
Street Address:							
City:		State:		Zip:			
Telephone: Home:(with area code)			_ Business:				
E-mail address (if any):						
Person to contact a	about this complaint, if o	ther than the pass	senger:				
Name:							
Street Address:							
City:		State:		Zip:			
Telephone: Home: Business: (with area code)							
E-mail address (if any):						
Flight Information List only the flight(s) on which the discrimination or accessibility problems occurred.							
Date	Airline	Flight number	From (city	/)	To (city)		
investigate your complaint. disclose the name or other in have violated Federal law, callowed through the publica enforcement activities, information may be made to may perform their duties; to National Archives and Reco	The authority for collecting this The personal information will I dentifying information about an or unless such information is retion of a routine use in accordanation we have about you man members of Congress or its so the news media when release ords Administration and Generatory responsibilities. Furnishing it being unable to process your	be used primarily for a n individual unless it is equired to be disclose ance with the Privacy by be given to appropo- staff; to volunteer stud e is made consistent wall Services Administra g of the requested info	enforcement as necessary for the Fact of 1974, state Federal, state workers with the Freedation to perfor	and compliance purposor enforcement activition reedom of Information 5 U.S.C. 552a. To furt State, or local agencie within the Department of Information Act m records manageme	ses. The Departes against an er Act, 5 U.S.C. 5 her the Departm s. Additional disof Transportation and 49 CFR Part inspection fur	ment will not tity alleged to 52, or as is ent's sclosures of n so that they rt 7; and to the actions in	

Date logged:

Complaint code:

I. Describe the incident (including where it occurred). If possible, include the rinvolved, or of any witnesses. Describe the nature of the disability and any accorequired. Provide details (including dates) of any contacts prior to the flight date was requested. State when the passenger checked in for the flight(s). If you alrother written statement that includes this information (see next section), you may rather than completing this section.	mmodations that were in which assistance eady have a letter or
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II. Resolution Describe any efforts to resolve the complaint through the airline' Official (CRO) or other airline staff. Enclose copies of any correspondence to or	
III. Other Action Have you filed or do you plan to file a complaint about this incide another agency? Yes □ No □ If yes, please provide details, including the rand telephone number of the court or agency and the date that any complaint or countended to be copied of any correspondence or filings with courts or other agencies.	name, complete address
Signature: Date:	