

ADA TITLE II & TITLE VI Complaint Form

The Americans with Disabilties Act (ADA, 1990, Public Law 101-336) is a broad civil rights statue that prohibits discrimination against individuals with disabilties in all areas of public life. Title II of the ADA prohibits disability discrimination by State and local government entities. Section 504 of the 1973 Rehabiliation Act (42 USC 126) prohibits discrimination on the basis of disability of Federally assisted programs.

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 30 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Amy Fredricks at the Des Moines Airport Authority at 515-256-5006.

Complete this form and return to:

Des Moines Airport Authority Amy Fredricks Title II ADA & Title VI Coordinator 5800 Fleur Drive, Suite 207 Des Moines, IA 50321

Complainant's Name:		
Address:	City:	
State:	Zip Code:	
Telephone:	(Work) <u>:</u>	
Person(s) discriminated agains	t (if other than complainant)	
Name:		
Address:	City:	_
State:	Zip Code:	
Telephone (Home):	(Work):	

What is the discrimination based on?
Race/Color
National Origin
Sex
Disability
Income Status
Limited English Proficiency
Age
Date of the alleged discrimination:Location:
Agency or person that was responsible for alleged discrimination:
Describe the alloged discrimination. Evaluin what hannoned and whom you believe was responsible
Describe the alleged discrimination. Explain what happened and whom you believe was responsible (additional sheets of paper may be attached to this form).
List names and contact information of persons who may have knowledge of the alleged discrimination.
What remedy are you seeking?

nave you filed this complaint with any our	ier rederal, State or local agency? II So, whom.
Please sign and date. The complaint will not l	be accepted if it has not been signed. You may attach any written
materials or other supporting information th	at you think is relevant to your complaint.
Signature	Date

The Title VI Complaint form may be submitted directly to the following agencies:

Iowa Department of Transportation Office of Employee Services – Civil Rights 800 Lincoln Way Ames, Iowa 50010 515-239-1422 515-817-6502 (fax)

Civil Rights and Small Federal Programs Iowa Division Federal Highway Administration 105 6th Street Ames, IA 50010 515-233-7300

Regional Civil Rights Officer U.S. Department of Transportation Federal Transit Administration 901 Locust Street, Suite 404 Kansas City, MO 64106

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