

SPOKANE INTERNATIONAL AIRPORT

ADA COMPLAINT-GRIEVANCE FORM

Complainant Name: _____

Designee Name (If applicable): _____

Designee relationship to Complainant (if applicable): _____

Contact Information: Complainant Designee (Check one)

Address: _____

Phone: _____ Email: _____

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: Include all known details such as date, location, circumstance, persons involved, witness, etc. (Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Complainant or Designee Signature / Date _____

Send to: Lisa Corcoran, Chief Development Officer
ADA Compliance Officer
9000 W. Airport Drive
Spokane, WA 99224
Email: lcocoran@spokaneairport.net