



**American with Disabilities Act (ADA)/Title II  
Complaint Form**

**Purpose:** Use this form to file a complaint if you believe Syracuse Hancock International Airport or the Syracuse Regional Airport Authority has not provided adequate or reasonable accommodations based on disability.

**Instructions:** Complete this form, sign it, and mail, email, or fax it to:

Syracuse Regional Airport Authority  
 ADA/Sec 504 Coordinator  
 1000 Col. Eileen Collins Blvd.  
 Syracuse, NY 13212  
[CivilRights@syraairport.org](mailto:CivilRights@syraairport.org)  
 Telephone: (315) 455-3636  
 Fax: (315) 455-3432

**Complaint Information**

<b>Complainant Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	

**Person (other than Complainant) Alleging an ADA Violation**

<b>Complainant Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	

**Airport Authority Service, Program, Facility Allegedly in Violation**

<b>Date Alleged Violation Occurred (dd/mm/yyyy):</b>			
<b>Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other)</b>			
<b>Has this complaint been filed with the Federal Aviation Administration or any other governmental agency or court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you answered yes, name the Agency or Court:</b>			
<b>Contact Person:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Date Filed:</b>	



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Please describe the complaint of alleged violation, using as many details as possible, including the description of services, program, opportunity or activity, and your requested remedy. Attach any relevant documents and use extra paper if necessary:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Note:** The Syracuse Regional Airport Authority is obligated to comply with both State and Federal Freedom of Information Acts, which may result in disclosure of the information provided in this complaint. Furnishing of the requested information above is voluntary, except that the failure to provide such information may result in the Authority being unable to process your complaint.*

**For Office Use Only:**

Initial Complaint Received:		Appeal Request Received:	
NCI Sent to Complainant:		Appeal Response Sent:	
Final Response Sent:			