



DO NOT WRITE IN THIS SPACE

FOR USE BY ADA Coordinator

COMPLAINANT # \_\_\_\_\_

DATE FILED  
\_\_\_\_\_

**Maryland Department of Transportation  
Maryland Aviation Administration  
American with Disabilities Act (ADA) COMPLAINT FORM**

**Please print the following information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ e-mail address \_\_\_\_\_

**What issues are associated with your complaint?**

Employment Public Access Communications Other \_\_\_\_\_

**When did the alleged discrimination occur?**

Date:

\_\_\_\_\_



**Where did the alleged discrimination occur?**

Location:

\_\_\_\_\_

**Describe what happened.** (Please use extra pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses to the alleged discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please provide witnesses names and contact number. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the status?

\_\_\_\_\_  
\_\_\_\_\_

**What corrective action do you believe would address your complaint?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed a previous complaint of alleged discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe the incident and when it occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who did you file this complaint with: MAA ADA MAA HR MAA FAIR PRACTICES  
EEOC MCHR Other \_\_\_\_\_

**\*Please notify the MDOT MAA Office of Fair Practices or MDOT MAA Coordinator of any changes of address and telephone number during the period of the investigation.**



**AFFIRMATION**

I affirm that the above complaint is true and accurate to the best of my knowledge, information and belief.

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**Signature**

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**Date**

**To File your complaint, send to: [ADA@bwiairport.com](mailto:ADA@bwiairport.com) or mail to:**

Maryland Aviation Administration  
Office of Fair Practices  
MDOT MAA ADA Coordinator  
P.O. Box 8766, BWI Airport MD 21240

Telephone:  
410-859-7242 -or-  
1-800-735-2258 (Maryland Relay)  
Fax:410-859-7769