

Fort Wayne-Allen County Airport Authority
AMERICANS WITH DISABILITIES ACT- GRIEVANCE FORM

This grievance form may be used by any individual who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies, or in the provision of services, programs or activities by the Fort Wayne-Allen County Airport Authority ("Airport Authority). Alternate means of filing a complaint, such as personal interviews or a tape recording are available for people with disabilities upon request. A separate Grievance Form should be filed for each alleged act of discrimination.

Name _____

Address _____

Telephone (or TDD/TTY) _____

Date _____

I am a (please check one):

Job Applicant

Authority Employee

Private Citizen

State the following for the alleged act of discrimination (additional pages may be attached):

Date _____

Time _____

Location _____

Describe the alleged act of discrimination (additional pages may be attached):

Do you require the Airport Authority's response to this grievance be provided in an alternate format?

Yes NO

(If Yes, please check preferred format):

Large Print Audio-CD Computer Disc Braille

This grievance must be submitted in writing by the complainant or his/her designee no later than 60 calendar days after the alleged violation to:

Katie Scherer
Fort Wayne-Allen County Airport Authority
3801 W. Ferguson Road Suite 209
Fort Wayne, Indiana 46809
Email: kscherer@fwairport.com
Telephone: (260) 446-3427
Fax: (260) 747-1762

A response will be given in a timely fashion by the Airport Authority in writing, or where requested, in an alternate format. The response will explain the Authority's position and offer options for substantive resolution of the grievance.

If the response from the Airport Authority does not satisfactorily resolve the issue, the complainant or his/her designee may file an appeal of the decision within fifteen (15) calendar days after receiving the response. The appeal must be made in writing, or where requested, in an alternate format with proof of date the appeal was submitted. **The letter of appeal should be sent directly to the ADA Coordinator or Assistant ADA Coordinator at the address listed above for dissemination to the designated Airport Authority appeals representative. The complainant should request an appeals hearing if one is desired.**

After receipt of the complainant's letter of appeal, the designated Airport Authority Appeals Representative, the _____ will review the complaint, appeal and form the Airport Authority Response. An in person appeals hearing with the Airport Authority Appeal Representative may also be convened at the request of the complainant or the Airport Authority. After that review or hearing, the Airport Authority will respond in writing or, where requested, in an alternate format, with a final resolution of the grievance.

All written grievances received by the Airport Authority and their responses will be kept on file for at least three (3) years.