

**MILWAUKEE MITCHELL INTERNATIONAL AIRPORT  
 ADA/Section 504 & Title VI/Nondiscrimination  
 Complaint Form**

<b>Name:</b>	<b>Phone:</b>
	<b>Email Address:</b>
<b>Street Address (Including City, State, and Zip Code):</b>	
<b>Discrimination Based on:</b> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability	<b>Date of Alleged Incident:</b>
<b>Description of Alleged Incident; Identification of Person(s) and/or Business(es) involved; Identification of Witness(es)(if any):</b>	
<b>Signature:</b>	<b>Date:</b>

Complete this form and return via email to [info@mitchellairport.com](mailto:info@mitchellairport.com) or via mail to:  
 Milwaukee Mitchell International Airport  
 ATTN: Joanna Jelen, ADA/Title VI Coordinator  
 5300 S. Howell Avenue  
 Milwaukee, WI 53207  
 Phone: 414-747-5325, Option #3  
 Fax: 414-747-4525