

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

Name:	Phone:
	Email Address:
Street Address (Including City, State, and Zip Code):	
Discrimination Based on: <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	Date of Alleged Incident:
Description of Alleged Incident; Identification of Person(s) and/or Business(es) involved; Identification of Witness(es)(if any):	
Signature:	Date:

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