

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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex</div><div><input type="checkbox"/> Age <input type="checkbox"/> Disability</div></div>	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: Sameer S. Rana, ADA/Title VI Coordinator
5300 S. Howell Avenue
Milwaukee, WI 53207
Phone: 414-747-3889
Fax: 414-747-4525