

**BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY
ADA PROGRAM**

BGPAA ADA GRIEVANCE PROCEDURE FORM

Please write legibly

Section I:		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone (<i>Optional</i>):	
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
Section III:		
11. Date of alleged discrimination: (<i>mm/dd/yyyy</i>)		
<p>12. Explain as clearly as possible what happened and why you believe you were discriminated against. Please indicate whether you believe you were discriminated against based on disability in provision of (check all that apply): <input type="checkbox"/> Services <input type="checkbox"/> Activities <input type="checkbox"/> Programs <input type="checkbox"/> Benefits</p> <p>Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.</p>		

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Section IV:		
13. Have you previously filed an ADA complaint with BGPAA?	YES	NO
Section V:		
14. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____		
15. If you answered "yes" to #14, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		Email:
Section VI:		
Name of Agency complaint is against:		
Contact Person:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature _____ Date _____

Please submit this form in person or mail this form to the address below:

Attn: BGPAA, Scott Kimball, ADA Coordinator 2627 N Hollywood Way Burbank, CA 91505

Si se necesita informacion en otra lengua, contacte a Scott Kimball at (818) 840-8840, ext. 2209