Kenai Municipal Airport

Americans with Disabilities Act (ADA) Compliance Program

ADA Complaint Form

Your completed form may be mailed or returned in person to the Kenai Municipal Airport, 305 N Willow Street, Kenai, Alaska 99611. You may also fax your form to (907) 283-3737. If you have any questions or need assistance with this form, please call (907) 283-7951.

Initial Question: Does this Complaint relate to Kenai Municipal Airport? ☐ Yes ☐ No

If this complaint does not relate to Kenai Municipal Airport or if you are unsure, please contact the Kenai Municipal Airport at (907) 283-7950 before completing this form.

A) Complainant Information:

Today's Date:	First Name:	Last Name:
Home Address: Please use this address. ☐	Work Address: Please use this address. ☐	
Home/Cell Phone:	Work Phone:	Email:

B) Name of State Agency and/or Individual(s) that Complaint is Against:

Department:	Division:	Name of Individual(s):
Address:	Phone:	Email:

C) Please describe the alleged discriminatory action or practice (you may attach additional pages if necessary).

D) Have you filed this complaint verbally or in writing with any other individuals or agencies? If yes, please indicate with whom it was filed and what the status is.

I affirm that the above information is true to the best of my knowledge. I understand that an impartial investigation will be undertaken in response to this complaint. I understand that I will be informed of the outcome of the investigation, although I may not be told some confidential details. Should my contact information change, I will notify the Kenai Municipal Airport with my current phone number and address.

SIGNATURE OF COMPLAINANT (OR AUTHORIZED REPRESENTATIVE) DATE