

HUNTSVILLE-MADISON COUNTY AIRPORT AUTHORITY
 Americans with Disabilities Act and Section 504 Grievance Form

In accordance with the Americans with Disabilities Act (“ADA”) of 1990 and Section 504 of the Rehabilitation Act of 1973 (“504”), the Huntsville-Madison County Airport Authority (“HMCAA”) does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. Please use this form to file a grievance if you believe that you were denied access to an HSV facility, program or service based on disability. You may submit your grievance to Amy Nation, Civil Rights Coordinator, 1000 Glenn Hearn Blvd SW, Huntsville, AL 35824, or email to anation@hsvairport.org or by calling (256) 258-1912.

Grievant Name			
Address	City	State	Zip Code
Home phone with area code	Business or Cell Phone with area code		
Email Address			

Description of Alleged Violation and Requested Remedy – Please include date, time, location and specific information. Please use additional sheets of paper if necessary.
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Please advise if this grievance has been filed with the U.S. Department of Justice, another government agency, or in court, and if so, please provide contact information for that agency or court and the date when the grievance was filed.

Thank you.

Signature of Grievant

Date