



BILLINGS LOGAN INTERNATIONAL AIRPORT
THE GATEWAY TO THE BIG SKY AND BEYOND

ADA/Section 504 Complaint Form

The Billings Logan International Airport (BIL) is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services on the basis of disability, as provided by the Rehabilitation Act of 1973, as amended. Additionally, 29 U.S.C. 794 further prohibits recipients of financial assistance from the U.S. Department of Transportation from engaging in discrimination based on disability. ADA/Section 504 complaints must be filed within 180 days from the date of the alleged discrimination.

Please complete the following information, print the form, sign it, and return it to the BIL ADA/Section 504 Coordinator, at the address below, so that your complaint can be processed.

Billings Logan International Airport
Attn: ADA/Section 504 Coordinator
1901 Terminal Circle, Room 216
Billings, MT 59105

For questions you can contact the ADA/Section 504 Coordinator by calling (406) 657-8495.

Complainant Information

Complainant Name	E-mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

Person (other than Complainant) Alleging an ADA/Section 504 Violation

Complainant Name	E-mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

Airport Service, Program, Opportunity, or Activity Allegedly in Violation

Date Alleged Violation Occurred (mm/dd/yyyy)	Location	
Description of Service, Program, Opportunity or Activity (if traveling, indicate Airline used)	or	Description of Service, Benefit or Encounter (Limited-English Proficiency only)
Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other)		
Description of Alleged Violation and Requested Remedy		
Has This Case Been Filed With the Department of Justice or Other Government Agency or Court?		

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court			
Contact Person			
Address	City	State	Zip Code
Phone (include area code)	Date Filed (mm/dd/yyyy)		

Other Comments

Signature _____ Date _____

A copy of this complaint will be forwarded to: Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, S.W., Washington, D.C. 20591