

ADA COMPLAINT PROCEDURE

Policy Statement

It is the intent of the St. Louis Airport Authority (“Airport Authority”) to provide access to St. Louis Lambert International Airport and the services associated with its operation to persons with disabilities in accordance with Title II of the Americans with Disabilities Act (ADA) of 1990. Oversight of compliance activities is the responsibility of the Airport Authority ADA Coordinator and all inquiries concerning the Airport Authority’s efforts to make St. Louis Lambert International Airport and the services associated with the operation of the airport accessible to persons with disabilities should be directed to the ADA Coordinator listed below:

Angel Ramos
St. Louis Airport Authority
St. Louis Lambert International Airport
P.O. Box 10212
St. Louis, MO 63145
314-551-5008 phone
314-551-5045 fax

The Airport Authority has established, pursuant to Title II of the ADA and Section 504 of the Rehabilitation Act of 1973, the following complaint procedure (“Complaint Procedure”) to be used by persons who allege a complaint or a violation of the ADA. Individuals are not required by federal regulations to use this Complaint Procedure, but may file complaints directly with the appropriate enforcement agency. Under the Airport Authority’s Complaint Procedure, anyone who wishes to file a complaint alleging a violation of the ADA or discrimination on the basis of disability, sex or creed in the provision of services, activities or programs has the right to file a written complaint.

Complaint Procedure

Step 1: The complaint should be documented in writing on an ADA Title II Complaint Form (Attachment 'A'). The Complaint Form should contain the name, address and telephone number of the complainant and should contain as much information as possible concerning the alleged violation, including the location, date and description of the problem. The Complaint Form should be completed and signed by the complainant or his/her authorized representative. Upon request, the Airport Authority will make available tape recorders and/or other assistance for persons with visual or motor impairments, and TDDs and/or Qualified Sign Language Interpreters for the deaf or hearing impaired persons as necessary for filing a complaint.

The Complaint Form should be submitted as soon as possible, but no later than sixty (60) calendar days after the alleged violation. Strict confidentiality of all information provided will be maintained to the extent required by law. Sharing of information, including identity, will be done only as required by law or as needed to resolve the complaint.

Step 2: The ADA Coordinator will review the completed Complaint Form within fifteen (15) calendar days of receipt. The ADA Coordinator will attempt to discuss the issues with the complainant and the concerned Airport Authority Department(s), and will attempt to resolve the complaint informally.

If the ADA Coordinator determines further investigation is warranted, he/she shall mail to the complainant a Notice of Continuing Investigation ("NCI") within fifteen (15) calendar days after receiving the completed Complaint Form. If appropriate, the ADA Coordinator may also arrange to meet with the complainant to discuss the matter and possible resolution. If the matter is not resolved informally, the ADA Coordinator shall respond with his /her final response in writing, within forty-five (45) calendar days after the NCI is sent.

Step 3: If the ADA Coordinator's final response does not satisfactorily resolve the matter, the complainant and/or authorized representative may appeal it, in writing, to the Airport Authority Director of Airports, St. Louis Lambert International Airport, P.O. Box 10212, St. Louis, MO 63145. Complainant shall file his/her appeal, including a detailed description of its basis, no later than thirty (30) calendar days after receipt of the appeal, the Airport Authority's Director of Airports, or his/her designee ("the Appeal Office"), shall attempt to meet with the complainant to discuss the complaint and possible resolution(s). Within forty-five (45) calendar

days after filing the appeal, the Appeal Officer shall respond with a final resolution of the complaint.

Record Keeping

The Airport Authority's ADA Coordinator will maintain the following materials for a period of three (3) years; (1) written complaint received by the ADA Coordinator; (2) final responses of the ADA Coordinator; (3) appeals to the Airport Authority's Director of Airports, and (4) final resolutions by the Appeal Officer.

The Airport Authority's ADA Policy Statement and Complaint Procedure is available on the Airport Authority's website at www.flystl.com, in hard copy at the Airport Director's Office located at 10701 Lambert International Blvd., St. Louis, MO 63145. Upon request, it may also be made available in alternative formats by contacting Mr. Angel Ramos.

ATTACHMENT A

Americans with Disabilities Act (ADA) Title II

Complaint Form

Purpose: Use this form to file a discrimination complaint if you believe St. Louis Lambert International Airport (“Airport Authority”) has not provided adequate accommodations based on disabilities, sex, or creed.

Instructions: Complete this form, print, sign it and mail or fax to:

St. Louis Lambert International Airport
P.O. Box 10212
St. Louis, MO 63145
Fax: 314-551-5045

Complaint Information

Complainant Name:				
Address:	City	State		Zip Code
Home Phone (include area code)	Business Phone (include area code)	Cell Phone (include area code)		

Person (other than Complainant) Alleging an ADA Violation

Complainant Name:				
Address:	City	State		Zip Code
Home Phone (include area code)	Business Phone (include area code)	Cell Phone (include area code)		

Airport Authority Service, Program or Facility Allegedly in Violation

Date Alleged Violation Occurred (dd/mm/yyyy)
Address
Has this been filed with the Department of Justice or other governmental agency or court? Yes _____ No _____

Attachment A

If you Answered “Yes” to the Previous Question, Complete the Following

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

Signature: _____

Date: _____

NOTE: Please be advised that the Airport Authority is obligated to comply with the Missouri Freedom of Information Act. Furnishing of the requested information is voluntary, except that the failure to provide such information may result in our being unable to process your complaint.