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**New Orleans International Airport**

**Americans with Disabilities Act Grievance Form**

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, the Airport makes all programs and services associated with its operation accessible to all persons with disabilities. Please, use this form to file a grievance if you believe that you were denied access to an Airport program or service based on disability. Submit your grievance to the ADA Coordinator at:

Philistine Ferrand, DBE Liaison Officer

Louis Armstrong New Orleans International Airport

P.O. Box 20007

New Orleans, LA 70141

Office: 504-303-7611 Fax: 504-303-7614

philisti@flymsy.com

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| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| E-Mail Address |  |
| Date of Incident |  |
| Time of Incident |  |
| Location of Incident |  |
| Name(s) of People Involved |  |
| Airport-Affiliated Party Involved |  |
| Nature of Incident |  |
| Proposed Remedy |  |
| Grievance already filed with U.S. Department of Justice, another government agency or in court?  Yes  No  If Yes, provide contact information of that agency or court and date the grievance was filed. If you have not filed this grievance with the Department of Justice and would like to do so, click here: (<https://www.transportation.gov/airconsumer/form-382>)   |  | | --- | |  | | |

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| **Signature** |  | **Date** |