



MIAMI INTERNATIONAL AIRPORT
Americans with Disabilities Act Complaint Form

Please use this form to file a complaint if you believe that you were denied access to an Airport program or service based on a disability. The complaint may be submitted by completing the online form or by downloading and sending it to ADAcordinator@miami-airport.com.

To obtain this form in an alternative format, please call 305-869-1859 or email ADAcordinator@miami-airport.com. TTY users may also 711 (Florida Relay Service).

Complainant's Name	
Street Address	
City	
State	
Zip Code	
Phone Number	
Email Address	
Date of Occurrence	
Time of Occurrence	
Location of Occurrence	
Describe Complaint	
Names of those involved (First & Last Name)	

Terms and Conditions*

☐ I confirm that 1) the information provided about the name of the person completing the form is correct, 2) The information provided in the "Describe Complaint" section is, to the best of my knowledge, true and 3) if I completed this form on behalf of the person who was discriminated against, I am authorized to do so.

Submit Button