



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 305-876-7747 or email ADAcordinator@miami-airport.com. TTY users may also 711 (Florida Relay Service).

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| 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