

# VIRGINIA AIR & SPACE SCIENCE CENTER

NASA LANGLEY VISITOR CENTER



## ADA and Section 504 Complaint Form

Name of Complainant: \_\_\_\_\_

### Complainant Contact Information

Preferred Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Communication Method: \_\_\_\_\_

Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents) or require communications by video phone or TTY.

### Incident Details

Location of Incident: \_\_\_\_\_

Please specify where in, or near, the Center this incident took place. For example: an exhibition (include title or topic), a restroom, etc.

Please provide a description of what happened and who was involved.

Explain what steps, if any, you or the Center has already taken to resolve this matter.

Describe how you would like to see this matter resolved.

Describe any other corrective actions you would like to see.

### Alternate Contact Information

If the person discriminated against is not the complainant, please also provide contact information for this person.

Name of Person Discriminated Against: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail to: 600 Settlers Landing Road  
Hampton, VA 23669  
ATTENTION: Mike Toomey

Email to: [mtoomey@vasc.org](mailto:mtoomey@vasc.org)