



Annual Disability Reporting Module

ACERS User Guide for Industry



Annual Disability Reporting Module Summary

What is this module used for?

- Annual report summarizing the disability-related complaints received during the prior calendar year.

What is a disability-related complaint?

- A specific written expression of dissatisfaction received from, or submitted on behalf, of an individual with a disability concerning a difficulty associated with the person's disability, experienced when using or attempting to use the carrier's services.

Which entities are required to report?

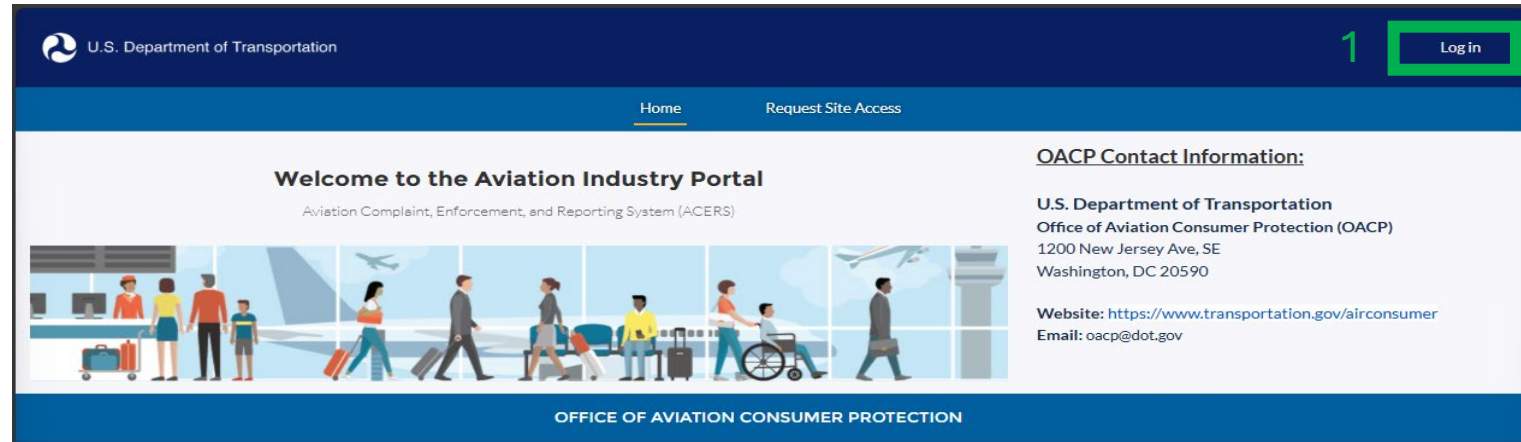
- U.S. air carriers and foreign carriers operating to, from, or within the United States with at least one aircraft with a designed seating capacity of more than 60 passenger seats.





1. Log in to the Industry Portal

Role: Industry User

Step 1: Log in to the industry portal as a user with the "Disability Reporting" permission



 *****



Log in



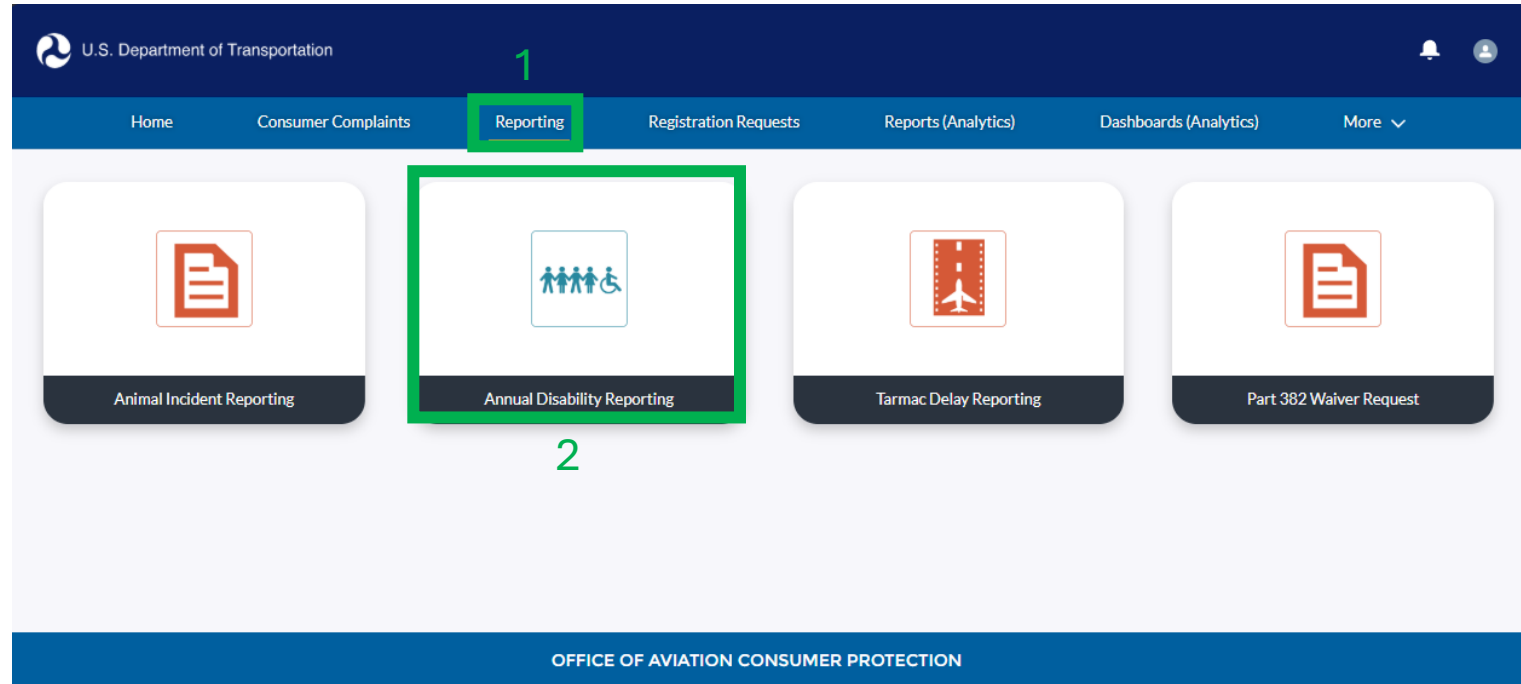
2. Create a New Annual Disability Report

Role: Industry User

Step 1: Click on the “Reporting” tab

Step 2: Click “Annual Disability Reporting”

Step 3: Click “New Annual Report”





2. Create a New Annual Disability Report

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Step 3: Click “New Annual Report”

U.S. Department of Transportation

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New Annual Report

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Welcome to the Airline Disability Complaint Reporting Module

[Airline Disability Complaint Reporting Requirement](#)

U.S. Department of Transportation (DOT) regulations require U.S. and foreign air carriers operating to, from, or within the United States that have at least one aircraft in their fleet with a designed seating capacity of more than 60 passenger seats to: 1) record and categorize disability-related complaints that they receive; 2) prepare a summary report of those complaints in a specified format; 3) retain copies of the applicable complaints; and 4) submit the summary report to the Department's Office of Aviation Consumer Protection (OACP). Carriers must submit the summary report to the Department by the last Monday in January of each year for complaints received during the prior calendar year. For covered U.S. air carriers, this requirement applies to all disability-related complaints associated with all passenger operations on all aircraft in their fleet regardless of the seating capacity of the aircraft used for those operations. For covered foreign carriers, this requirement applies only to disability-related complaints associated with passenger operations on flight segments originating or terminating in the United States and applies regardless of the seating capacity of the specific aircraft used for such operations. See 14 CFR 382.157 and Reporting Requirements for Disability Related Complaints, 69 FR 77885 (December 29, 2004).

[Paperwork Reduction Act Notice \[Burden Statement\]](#)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0551. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory [under 14 CFR 382.157]. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, [Office of the Secretary (OST),] U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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3. Enter User Contact Information

Role: Industry User

Step 1: Confirm that the correct airline is listed for this report

Step 3: The “Reporting Year” will automatically be set to the previous calendar year relative to the current date

Step 3: Fill in user contact information at the top of the form

ANNUAL REPORT OF DISABILITY-RELATED COMPLAINT DATA

AIRLINE: New Airline (NA) 1
Items marked with an * are required.

Clear Form Zero Report

Total Number of Complaints

0

Reporting Year: 2024 2

* First Name	* Last Name	* Email Address	* Phone
First	Last	example@newairline.com	1234567890
* Street Address	* City	* State	* Zip
1234 Example Rd	Vienna	VA	12345

3



4. Fill Out the Report

Role: Industry User

Step 1: Enter the number of complaints for each classification cell in the 13x13 grid

Note: Click “Zero Report” to enter all zeros into the grid

ANNUAL REPORT OF DISABILITY-RELATED COMPLAINT DATA
AIRLINE: New Airline (NA)
Items marked with an * are required.

[Clear Form](#) [Zero Report](#)

	Vision Impaired	Hearing Impaired	Hearing and Vision Impaired	Paraplegic	Quadriplegic	Other Wheelchair	Oxygen	Stretcher	Other Disability
Refusal to Board Passenger	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Refusal to Board w/o Attendant	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Security Issues Regarding Disability	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Aircraft Not Accessible	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Airport Not Accessible	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Advance Notice Dispute	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Seating Accommodation	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Failure to Provide Assistance	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
Damage to Assistive Device	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5a. Save the Report

Role: Industry User

Note: If the report is incomplete and needs further review, the user can save the report and return later for submission

Step 1: At the bottom, the “Acknowledgment” fields are not required to save a report for later

Step 2: Click “Save”

Step 3: The user will receive a pop-up, notifying them that the report is incomplete and still requires submission

The screenshot shows a web form for saving a report. At the top, there are two rows of input fields labeled 'Information' and 'Other', each with 9 numbered boxes. Below these is a section titled 'Total Number of Complaints' with a value of '751' and a progress bar. The 'Acknowledgement:' section contains a statement: 'I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382.' Below this is a green-bordered box containing the text 'Authorized Representative *' followed by an empty input field, and a checkbox with the text 'I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report.' A green number '1' is placed to the left of this box. Below the green box is a line of small text: 'Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays current OMB Control Number. The control number for this information collection is 2105-0551 [expires 1/31/2026]. The time required to complete this information is estimated to average 30 minutes per response.' Below this text is a green number '2' and a green-bordered box containing a 'Save' button, next to a blue 'Submit' button. At the bottom of the form is a blue bar with the text 'OFFICE OF AVIATION CONSUMER PROTECTION'.

Information

Other

Total Number of Complaints

751

Acknowledgement:

I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382.

1

Authorized Representative *

☐ I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report.

Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays current OMB Control Number. The control number for this information collection is 2105-0551 [expires 1/31/2026]. The time required to complete this information is estimated to average 30 minutes per response.

2

Save

Submit

OFFICE OF AVIATION CONSUMER PROTECTION



5a. Save the Report

Role: Industry User

Note: If the report is incomplete and needs further review, the user can save the report and return later for submission

Step 1: At the bottom, the “Acknowledgment” fields are not required to save a report for later

Step 2: Click “Save”

Step 3: The user will receive a pop-up, notifying them that the report is incomplete and still requires submission



5b. Submit the Report

Role: Industry User

Note: If the report is complete, the user can submit directly through the current form

Step 1: At the bottom, fill in the “Authorized Representative” field with the first and last name of the current individual submitting the report

Step 2: Click the “I Affirm” box in the “Certification Statement”

Step 3: Click “Submit”

Step 4: The user will receive a Success pop-up

The screenshot shows a web form for submitting a report. At the top, there are two rows of input fields labeled 'Information' and 'Other', each with 9 numbered boxes. Below these is a section for 'Total Number of Complaints' with the value '751' and a progress bar. The 'Acknowledgement:' section contains a certification statement: 'I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382.' Below this is a green-bordered box containing two elements: 1. A text input field for 'Authorized Representative' with a red asterisk and a 'First Last' placeholder. 2. A checkbox with a blue checkmark and the text 'I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report.' Below the green box is a small disclaimer in italics: '...agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays current OMB Control Number. The control number for this information collection is 2105-0551 [expires 1/31/2026]. The time required to complete this information is estimated to average 30 minutes per response.' Below the disclaimer are two buttons: 'Save' and 'Submit'. The 'Submit' button is highlighted with a green box and the number 3. At the bottom of the form is a blue bar with the text 'OFFICE OF AVIATION CONSUMER PROTECTION'. Below the form is a green success pop-up box with a white checkmark icon, the text 'Success Report created successfully', and a close button (X). The number 4 is placed to the left of the success pop-up.

Information

Other

Total Number of Complaints

751

Acknowledgement:

I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382.

1 Authorized Representative * First Last

2 ☒ I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report.

...agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information unless it displays current OMB Control Number. The control number for this information collection is 2105-0551 [expires 1/31/2026]. The time required to complete this information is estimated to average 30 minutes per response.

Save Submit

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4 Success
Report created successfully



6. Revisit a Saved Report for Submission

Role: Industry User

Step 1: Click on the “Reporting” tab

Step 2: Click “Annual Disability Reporting”

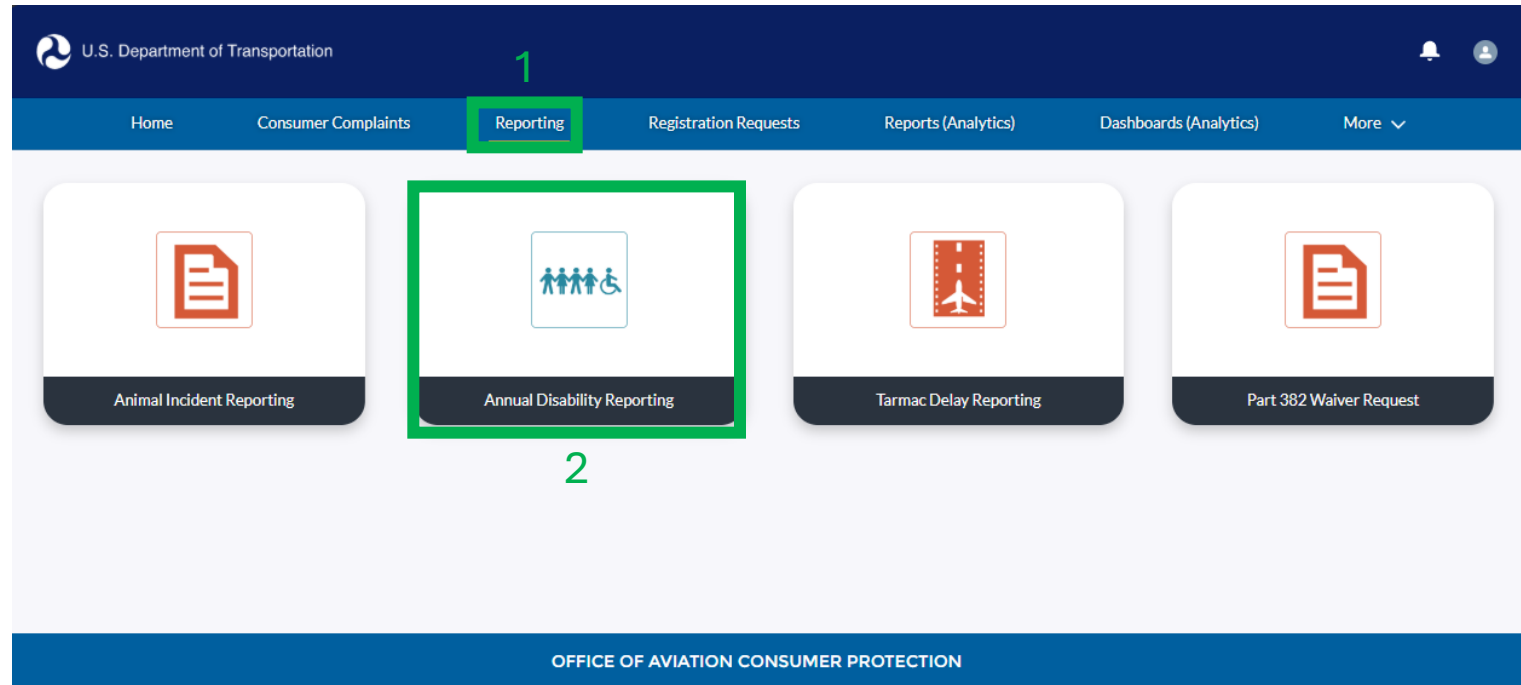
Step 3: Click “Prior Disability Reports”

Step 4: Select your report from the list

Step 5: Update the 13x13 grid as needed at the bottom

Step 6: Fill in the “Authorized Representative” field with the first and last name of the current individual submitting the report and check “I affirm”

Step 7: Click “Submit for Approval”





6. Revisit a Saved Report for Submission

Role: Industry User

Step 1: Click on the “Reporting” tab

Step 2: Click “Annual Disability Reporting”

Step 3: Click “Prior Disability Reports”

Step 4: Select your report from the list

Step 5: Update the 13x13 grid as needed at the bottom

Step 6: Fill in the “Authorized Representative” field with the first and last name of the current individual submitting the report and check “I affirm”

Step 7: Click “Submit for Approval”

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New Annual Report

Information **Prior Disability Reports** 3

Prior Disability Reports ▾

1 item • Sorted by Status • Filtered by All reporting modules - Record Type

	Year Rep... ▾	Date Reported ▾	Created By ▾	Record N... ▾	Status ↑ ▾	
1	2024	10/30/2025	Louis Armstrong	AR-378	Saved	▾

4



Role: Industry User

Step 2: Click “Annual Disability Reporting”

Step 3: Click “Prior Disability Reports”

Step 4: Select your report from the list

Step 5: Update the 13x13 grid as needed at the bottom

Step 6: Fill in the “Authorized Representative” field with the first and last name of the current individual submitting the report and check “I affirm”

Step 7: Click “Submit for Approval”

5



6. Revisit a Saved Report for Submission

Role: Industry User

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U.S. Department of Transportation

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Reporting Modules Annual Disability Report

+ Follow Submit for Approval

Airline: New Airline (NA) Status: Saved Created By: Louis Armstrong, 10/30/2025, 2:14 ...

Details

Airline: New Airline (NA) Status: Saved Authorized Representative: [edit icon]

Contact: First Last Certification Acknowledgement: ☐

Report Information

Year: 2024 Date Reported: 10/30/2025

System Information

Created By: Louis Armstrong, 10/30/2025, 2:14 PM Last Modified By: Louis Armstrong, 10/30/2025, 2:14 PM

Post

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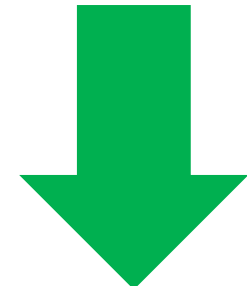
6

Acknowledgement:

I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382.

Authorized Representative * [text box]

☐ I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report.





6. Revisit a Saved Report for Submission

Role: Industry User

Step 1: Click on the “Reporting” tab

Step 2: Click “Annual Disability Reporting”

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Step 7: Click “Submit for Approval”

U.S. Department of Transportation

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Reporting Modules
Annual Disability Report

+ Follow Submit for Approval

Airline: [New Airline \(NA\)](#) Status: Saved Created By: [Louis Armstrong](#), 10/30/2025, 2:14 ...

Details

Airline: [New Airline \(NA\)](#) Status: Saved

Authorized Representative

Contact: [First Last](#) Certification Acknowledgement: ☐

Report Information

Year: 2024 Date Reported: 10/30/2025

System Information

Created By: [Louis Armstrong](#), 10/30/2025, 2:14 PM Last Modified By: [Louis Armstrong](#), 10/30/2025, 2:14 PM

Post

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7



6. Revisit a Saved Report for Submission

Role: Industry User

NOTE: If the user has not properly filled out the “Acknowledgement” fields before submitting, they will be presented with an error message

Step 8: Return to the “Prior Disability Reports” list view to confirm that the report status has been updated to “Submitted”

Note: Once a report is submitted, the user will be unable to edit the report or resubmit until the next calendar year

U.S. Department of Transportation

Error creating report
Authorized Representative and Affirmation must be provided.

Home Consumer Complaints Reporting Registration Requests Reports (Analytics) Dashboards (Analytics) More

Reporting Modules
Annual Disability Report

+ Follow Submit for Approval

Airline: [New Airline \(NA\)](#) Status: Saved Created By: [Louis Armstrong](#), 10/30/2025, 2:14 PM

Details

Airline: [New Airline \(NA\)](#) Status: Saved Contact: [First Last](#) Certification Acknowledgement: ☐

Authorized Representative

Report Information

Year: 2024 Date Reported: [10/30/2025](#)

System Information

Created By: [Louis Armstrong](#), 10/30/2025, 2:14 PM Last Modified By: [Louis Armstrong](#), 10/30/2025, 2:14 PM

Post

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12/11/2025



6. Revisit a Saved Report for Submission

Role: Industry User

NOTE: If the user has not properly filled out the “Acknowledgement” fields before submitting, they will be presented with an error message

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New Annual Report					
Information Prior Disability Reports					
Prior Disability Reports					
1 item • Sorted by Status • Filtered by All reporting modules - Record Type					
	Year Rep...	Date Reported	Created By	Record ...	Status
1	2024	10/30/2025	Louis Armstrong	AR-378	Submitted