TITLE VI COMPLAINT FORM

The information you provide below is considered sensitive and will be shared only with those who are considered essential to the investigation and disposition of this complaint. Do not feel limited by the space provided—you are encouraged to attach additional pages if you believe it will assist in the investigation.

NAME		
ADDRESS _		
DATE		
AIRPORT _		
PHONE NUMBER		
EMAIL ADDRESS		
1. Please describe as full the nature of your comp complaint.		

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2. Please provide the name(s) and position(s) of those persons who engaged in the conduct that is the subject of your complaint. If you do not know the name of the person(s), please provide a description of the individual(s).
3. Please identify names of witnesses to the conduct or incident(s) and contact information if available.
4. Please indicate the date(s) and time(s) that the conduct or incident(s) occurred.
5. Please indicate the location(s) where the incident(s) occurred?

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6. Have you reported the incident(s) in question to anyone else? If so, please indicate the date of the report, and the person to whom you made the report.				
7. If you have previously reported the incident(s) or conduct, please indicate, if you know, wheth any investigation or corrective action occurred as a result of your report.	er			
3. Are you requesting specific corrective action concerning your complaint? If so, please describe.				
Signature Date				