TITLE VI COMPLAINT FORM (to be completed by Complainant)

Title VI of the 1964 Civil Rights Act States: "No person in the United States shall, on the ground of race, color, sex, creed, disability, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information, necessary in order to process your complaint. Assistance is available upon request.

Complainant’s Name (Last, first, middle initial)

Street address ________________ City ________________ State ________________ ZIP Code ________________

Primary phone number ________________ Other phone number ________________ E-mail address ________________

Person discriminated against, if not complainant:

Name (Last, first, middle initial)

Street address ________________ City ________________ State ________________ ZIP Code ________________

Primary phone number ________________ Other phone number ________________ E-mail address ________________

Are you filing this complaint based on race, color, sex, creed, disability or national origin?

Race_______  Color_______  National Origin_______

Sex_______  Creed_______  Disability_______

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons, if any, were treated differently than you. You may attach any written materials or other information you think relevant.

____________________________________________________________________________________

____________________________________________________________________________________

Date of alleged incident: ____________________________

Are there any witnesses?  □ Yes  □ No

If so, Please provide their contact information:

Witness Name (Last, first, middle initial)

Street address ________________ City ________________ State ________________ ZIP Code ________________

Primary phone number ________________ Other phone number ________________ E-mail address ________________
Witness Name (Last, first, middle initial)

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Primary phone number | Other phone number | E-mail address

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Did you file this complaint with another federal, state, or local agency; or with a federal or state court?  
☐ Yes  ☐ No

**If the answer is yes, check each agency complaint was filed with:**

☐ State Court  ☐ Local Agency  ☐ Federal Agency
☐ Federal Court  ☐ State Agency  ☐ Other

Please provide contact person information for the agency you also filed the complaint with:

Agency Contact Name (Last, first, middle initial)

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Date Filed:______________________________

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant’s Signature:______________________________________________________________

Date:______________________________

Please mail this form to:
San Diego County Regional Airport Authority
Attn: Title VI Coordinator
P.O. Box 82776
San Diego, CA 92138-2776