

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)

Street address City State ZIP Code

Primary phone number Other phone number E-mail address

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)

Street address City State ZIP Code

Phone number E-mail address

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: Brett Caldwell

P.O. Box 82776

San Diego, CA 92138-2776

619-400-2482

bcaldwel@san.org