

Metropolitan Washington Airports Authority

TITLE VI COMPLAINT FORM

The Metropolitan Washington Airports Authority is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Equal Opportunity Programs Manager by calling (703) 417-8625. Or Email richard.gordon@mwa.com.

The completed form must be returned to the Metropolitan Washington Airports Authority, Equal Opportunity Programs Office, 1 Aviation Circle, Washington, DC 20001

1. Complainant's name: _____

2. Address: _____

3. City: _____ State: _____ ZipCode: _____

4. Telephone Number(home): _____ (Cell phone): _____

5. Email: _____

6. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

7. Which of the following best describes why the alleged discrimination took place?

- Race
- Color
- National Origin (limited English proficiency)

8. What date did the alleged discrimination take place? _____

9. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

Yes ___ No ___

11. If yes, please provide information about a contact person at the agency/court where the complaint was filed.

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date