

Instructions on Filing Discrimination Complaints

The Airports Authority is committed to a policy of nondiscrimination in the conduct of its business, including its Title VI responsibilities. Title VI of the Civil Rights Act of 1964 requires that no person in the United States shall on the grounds of race, color 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.

Any person who believes he or she has been subjected to discrimination under Title VI on the basis of race, color or national origin may file a Title VI complaint with the Airports Authority within 180 days from the date of the alleged discrimination.

The Airports Authority encourages use of the Title VI Complaint form in English or Spanish. A copy of the Title VI Complaint Form is available by calling (703) 417-8625, or by visiting <http://www.dullesmetro.com>

Complaints filed with the Airports Authority should be addressed to:

Metropolitan Washington Airports Authority
Equal Opportunity Programs Department
1 Aviation Circle
Washington, DC 20001-6000.

Complaints can also be filed directly to the U.S. Department of Transportation addressed to:

Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, DC 20590

All complaints will be investigated promptly. Once received, the complaint will be recorded by the Airports Authority and assigned to an investigator. In instances where additional information is needed, the investigator will contact the complainant in writing. Failure of the complainant to provide the requested information by a certain date may result in the administrative closure of the complaint or a delay in complaint resolution.

Following receipt of all required information, the Equal Opportunity Programs Department will investigate a Title VI complaint within 90 days of receipt. The investigator will prepare a draft written response subject to review by the Airports Authority's Equal Opportunity Programs Manager. The Equal Opportunity Programs Department will make the final determination and approve the final response to the complainant, including notifying the complainant of his/her right to file a complaint externally.

The Equal Opportunity Programs Department will use its best efforts to respond to a Title VI complaint within ninety (90) calendars days of its receipt of the complaint. Receipt of additional relevant information and/or the simultaneous filing of complaint with the Airports Authority and an external entity may expand the timing of the complaint resolution.

See Attached Complaint Form.

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.

The completed form must be returned to the Metropolitan Washington Airports Authority, Equal Opportunity Programs Department, 1 Aviation Circle, Washington, DC 20001 or by email at richard.gordon@mwa.com

1. Complainant's name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code _____

4. Telephone Number(home): _____ (business): _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Race

Color

National Origin (limited English proficiency)

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

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

9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes No

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

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

Complainant's Signature

Date