

JOHN WAYNE AIRPORT, ORANGE COUNTY - TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964, and other related laws and regulations, provide that no person shall on the grounds of race, color, national origin, sex, age, creed, or religion be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal financial assistance.

Please provide the following information necessary to process your complaint. You are not required to use this form, and a written statement containing the same information is sufficient. However, the information requested must be provided. In filing a complaint, assistance for persons with disabilities or limited English proficiency is available upon request. You may contact the Government Relations Manager to request communication in an alternate format or language.

All complaints must be filed within 180 days of the occurrence of the alleged act, and you have the right to file a complaint directly with the Federal Aviation Administration.

Please submit your complaint to the Government Relations Manager via email to <u>NDinger@ocair.com</u> or mail to John Wayne Airport, Orange County, Nick Dinger, 3160 Airway Avenue, Costa Mesa, CA 92626-4608, or fax to (949) 252-5178.

PRINT OR TYPE

1. Complainant's Name and Address

Name:				
Address:				
City:	State:	_Zip code:		
Home Phone:	_Work Phone:	Cell Phone:		
2. Person(s) Discriminated Against, if Different from Above				
Name:				
Address:				
City:	State:	_Zip code:		
Home Phone:	_Work Phone:	Cell Phone:		

3. County Department, Contractor, or Subrecipient that Discriminated

Name:					
Address:					
City:		State:	Zip code:		
Home Phone:		Work Phone:	Cell Phone:		
4. What was the discrimination based on? (Check all that apply):					
Race		National Origin	Limited English Proficiency		
Religion	Sex	Age			
5. Date(s) the alleged discrimination occurred? Dates(s):					
6. Please explain as clearly as possible how you (or another) were discriminated against, what occurred, who was responsible and involved, and why you believe it occurred. Be sure to include how other persons were treated differently than you. (Please use additional sheets of paper, if necessary, and attach a copy of any written materials pertinent to your claim.)					

7. Have you filed a complaint with any other federal, state, or local governmental agency? If yes, name of agency and date filed:

8. Please let us know what corrective action you are seeking to remedy your complaint. (Use extra sheet if necessary.)

9. Sign and Date the Complaint

By signing below, I affirm that I have read the above charge and it is true to the best of my knowledge.

Date

Complainant's Signature