



**Completed forms may be mailed, faxed or emailed to:**

Attention: Title VI Coordinator  
Office of Administration  
2200 Norview Ave  
Norfolk, VA 23518  
Email: CivilRights@NorfolkAirport.com  
Fax: 757-857-3265

## Title VI Complaint Form

Section 1					
Name		Address			
City		State	Zip Code		
Email		Phone #			

Section 2					
Are you filling this complain on your own behalf?	<input type="checkbox"/>	Yes	(If "YES", got o section III)	<input type="checkbox"/>	No
If you answered "NO", provide the name and relationship of the person submitting this for you.					
Name		Relationship			
Please explain the reason you are completing this form for the complaint:					
Have you received permission from the complainant to submit on their behalf?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Section 3				
Have you previously filed a Title VI complaint with Norfolk International Airport?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Section 4			
Provide the name of the company or agency you are filing the complaint against.			
Name of the Company/Agency		Phone #	
Contact Person's Name		Title	

I affirm that I have read the above and it is true to the best of my knowledge. \_\_\_\_\_ (Initials)



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Section 5							
I believe I have experienced discrimination based upon the following:							
<input type="checkbox"/>	Age	<input type="checkbox"/>	Color	<input type="checkbox"/>	Creed	<input type="checkbox"/>	Language Proficiency
<input type="checkbox"/>	Race	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Gender	<input type="checkbox"/>	National Origin

Date of the discriminatory act (mm/dd/yyyy):		Time:		Location:	
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Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of all persons involved person(s) involved, including the offending party/parties and witnesses. Include as much detail as possible. Please attach any additional written explanation and/or supporting documentation to this complaint.

Have you filed a complaint with any other federal, state, or local agency?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Agency:		Contact Name			
Address:		Phone #			

I affirm that I have read the above claim and it is true to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Department