



Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall, on the ground 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.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180-days of the occurrence of the alleged discriminatory act. Assistance is available upon request.

Kalamazoo/Battle Creek International Airport
Attn: Title VI Coordinator
5235 Portage Rd.
Kalamazoo, MI 49002

For questions you can contact the Title VI Coordinator by calling (269) 388-3668.

Complainant Information

Complainant Name	E-Mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

Person(s) discriminated against (if other than Complainant)

Complainant Name	E-Mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

What is the discrimination based on?

- | | | |
|----------------------------------|---------------------------------------|---|
| <input type="radio"/> Race/Color | <input type="radio"/> National Origin | <input type="radio"/> Sex |
| <input type="radio"/> Disability | <input type="radio"/> Income Status | <input type="radio"/> Limited English Proficiency |
| <input type="radio"/> Age | | |



Agency or person that was responsible for alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (additional sheets of paper may be attached to this form).

List names and contact information of persons who may have knowledge of the alleged discrimination.

What remedy are you seeking?



Have you filed this complaint with any other Federal, State or local agency?

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court			
Contact Person			
Address	City	State	Zip Code
Phone (include area code)		Date Filed (mm/dd/yyyy)	
Other Comments			

Signature _____ Date _____

A copy of this complaint will be forwarded to: Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, SW, Washington, DC 20591