

COMPLAINT OF DISCRIMINATION

(Title VI and ADA)

SECTION I- COMPLAINTANT INFORMATION

Complainant's Name (First, Last)

Mailing Address, City, State, Zip Code

Telephone

Acces

ssible Format(s) Requirements?	□Large Print	□Audio Tape	

Electronic Mail (E-Mail)

Electronic Mail (E-Mail)

SECTION II- PREPARER INFORMATION

Are you filing this complaint on your own behalf?	\Box Yes, if yes go to Section III	□No
If not, please fill in the following:		

Name of Preparer	(First,	Last)
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Mailing Address, City, State, Zip Code

Telephone

Confirm you have obtained permission from the aggrieved party to file on their behalf. □No □Yes

SECTION III- DISCRIMINATION

Complaints should be filed within 180 calendar days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 calendar day period, you have 60 calendar days after you became aware to file your complaint.

Date of Alleged Discrimination (Month, Day, Year)

I believe the discrimination I experienced was based on (Check all that apply):			
□Race □Color	□National Origin	□Gender	□Sex/Sexual Orientation/Gender Identity
	□Cree	ed □Age	□Disability



City of Fresno Airports Department 4995 E Clinton Way, Fresno, California 93727-1525 (559) 621-4500 • flyfresno.com

If alleged discrimination occurred more than 180 days ago, and you are requesting a 60 day extension waiver to file late, explain in detail why you filed after 180 days. Please use additional sheets of paper if necessary.

Describe the alleged discrimination. Explain what happened and whom you believe to be responsible. Please use additional sheets of paper if necessary.

SECTION IV- WITNESSES AND OTHER INVOLVED

If any, provide name(s) and contact information of any witnesses/others involved in the alleged discrimination. Please use additional sheets of paper if necessary.



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Agency, Department o	or Program that Discriminated	Representative if known
Mailing Address, City, S	State Zip Code	
Maining Address, City, .		
Telephone	Electro	onic Mail (E-Mail)
SECTION V- PREVIOUS	S COMPLAINTS	
Have you previously file	ed a Title VI complaint with this agency	? □Yes □No
	n who experienced discrimination, inti incerning the matters raised in this cor	
		□Yes □No
If yes, please provide:		
Data Filad		Status of Case
Date Filed	Case/Docket Number	
Agency/Court	Name of Person Investigat	ing Telephone
A signature copy is requ	uired to process your complaint.	
Print Name	Signature	Date

MAIL THIS SAMPLE FORMAT OR YOUR LETTER WITH THE SAME INFORMATION, TO THE ADDRESS BELOW. KEEP COPIES FOR YOUR RECORDS.

City of Fresno- Airports Department- Title VI Coordinator 4995 East Clinton Way Fresno, Ca 93727