



COMPLAINT OF DISCRIMINATION (Title VI and ADA)

SECTION I- COMPLAINANT INFORMATION

Complainant's Name (First, Last)	
Mailing Address, City, State, Zip Code	
Telephone	Electronic Mail (E-Mail)
Accessible Format(s) Requirements?	<input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD

SECTION II- PREPARER INFORMATION

Are you filing this complaint on your own behalf? Yes, *if yes go to Section III* No

If not, please fill in the following:

Name of Preparer (First, Last)	
Mailing Address, City, State, Zip Code	
Telephone	Electronic Mail (E-Mail)
Confirm you have obtained permission from the aggrieved party to file on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Sex/Sexual Orientation/Gender Identity <input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/> Disability



Agency, Department or Program that Discriminated		Representative if known
Mailing Address, City, State, Zip Code		
Telephone	Electronic Mail (E-Mail)	

SECTION V- PREVIOUS COMPLAINTS

Have you previously filed a Title VI complaint with this agency? Yes No

Have you (or the person who experienced discrimination, intimidation, or retaliation) filed a charge or complaint concerning the matters raised in this complaint with any other agency?
Yes No

If yes, please provide:

Date Filed	Case/Docket Number	Status of Case
Agency/Court	Name of Person Investigating	Telephone

SECTION VI- SIGNATURE

A signature copy is required to process your complaint.

Print Name	Signature	Date
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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