## Central WV Regional Airport Authority

### **Title VI Complaint Form**

**Purpose:** Use this form to file a complaint if you believe Central WV Regional Airport Authority, its airport operators, and their lessees, tenants, concessionaires or contractors have discriminated against you because of your race, color, national origin, age, sex, creed, in airport services, programs, opportunities, or activities. If you are a limited- English- proficient Individual and you believe Central WV Regional Airport Authority did not provide adequate language assistance with respect to a service, benefit or encounter, please also use this form.

**Instructions:** Complete this form, print it, sign it, and mail or e-mail to:

Central WV Regional Airport Authority

Attn: HR Specialist

100 Airport Rd. Suite 175 Charleston, WV 25311 Phone: 304-344-8033

yeagerhr@yeagerairport.com

#### **Complainant Information**

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

#### Person (other than Complainant) Alleging a Title VI Violation

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

# Airport Service, Program, Opportunity, or Activity Allegedly in Violation

Date Alleged Violation Occurred (mm/dd/yyyy)	Location		
Description of Service, Program, Opportunity, or	Benefit or Encounter (Limited	d English Proficiency	only):
person of service, ringram, appointment, or	Benefit of Encounter (Emilier	a English i Torreteney	,, ).
Name or Description of Alleged Violator (Airport	Tenant, Concessionaire, Con	ntractor, Other)	
		,	
Description of Alleged Violation and Requested F	Remedy		
I believe that the discrimination I experienced was	s based on (check all that appl	y).	
( ) Race ( ) Color ( ) ( ) Sex ( ) Creed ( )	National Origin, includes Lin Age	nited English Proficien  ( ) Other, please exp	cy nlain helow
( ) 55.1	1.5	( ) suiter, preuse en	Pruni
Has this case been filed with the Department of Ju	ustice or other government age	ency or court?	
You Answered "Yes" to the Previous Q	uestion, Complete the Fo	ollowing	
Agency or Court			
Contact Person			
A 11	C't-	C4-4-	7: 0. 1.
Address	City	State	Zip Code
Phone (include area code)	Date Filed (mm/dd	l'yyyy)	

A copy of this complaint will be forwarded to: Federal Aviation Administration Office of Civil Rights, ACR-1 800 Independence Avenue, S.W. Washington, D.C. 20591