



**SHREVEPORT
AIRPORT
AUTHORITY**



Title VI Discrimination Complaint Form

As a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, the Shreveport Airport Authority (SAA) ensures that no person shall, on the grounds of race, religion, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any SAA agency programs or activities, extending to all lower tier programs and activities. All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements.

The SAA is required to implement measures to ensure that persons with limited- English proficiency or disability have meaningful access to the services, benefits and information of all its programs and activities under Executive Order 13166. Upon request, assistance will be provided if you are limited-English proficient or disabled. Complaints may be filed using an alternative format if you are unable to complete the written form.

The filing date is the day you complete, sign, and mail this complaint form. Your complaint must be filed no later than 180 calendar days from the most recent date of the alleged act of discrimination. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for information. Failure to do so will result in the closure of the complaint.

Submit the forms by mail to:

Shreveport Airport Authority
Title VI Coordinator
5103 Hollywood Avenue, Suite 300
Shreveport, LA 71109

Or hand delivered to:

Shreveport Regional Airport
5103 Hollywood Avenue, Suite 300
Shreveport, LA 71109

If you have any questions or need additional information, please call (318) 673-5370

**SHREVEPORT AIRPORT AUTHORITY
TITLE VI DISCRIMINATION COMPLAINT FORM**

Name of Complainant	Telephone Number: ()	Email:
Mailing Address		
What is the most convenient time for us to contact you about this complaint?		
<p>Basis of Discrimination</p> <p> <input type="checkbox"/> Race <input type="checkbox"/> Disability <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Other (please specify) _____ </p>	<p>If you have a representative, please provide the following information:</p> <p>Name: _____</p> <p>Firm Name: _____</p> <p>Address: _____</p> <p>Telephone Number: () _____</p>	
Date and place of the alleged discrimination.		
Is the alleged discrimination ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe in detail the specific incident(s) that is the basis of the alleged discrimination. Describe each incident of discrimination separately. (Attach additional page(s), if necessary).		

Names of individual (s) responsible for the alleged discriminatory action(s):

What is the person's relationship to you:

Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: Please provide any supporting documentation (e-mails, letters of complaint, etc.)

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

It is against the law to retaliate against anyone because he/she has taken action, or participated in an action, to secure rights protected by Title VI laws. If you feel you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Please explain what action you took which you believe was the basis for the allegation. (Attach additional page(s), if necessary).

What remedy, or action, are you seeking for the alleged discrimination?

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

Yes No

If yes, check all that apply:

U.S. Equal Employment Opportunity Commission Federal or State Court

Federal Aviation Administration Federal Highway Administration/U.S. Dept. of Transportation

Federal Transit Administration/U.S. Dept. of Transportation

Other Name of agency _____

Please provide any additional information that you believe would assist in the investigation: (Attach additional page(s), if necessary)

Please note: This complaint form must be signed and dated in order to address your allegations.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. My signature is also giving consent to disclose my name, if needed, in the course of this investigation. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Printed name of complainant

Signature of complainant

Date

As a complainant, I understand that in the course of an investigation it may become necessary for the SAA to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the SAA to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Federal Aviation Administration (FAA) of the U.S. Department of Transportation.

Please check one:

I CONSENT and authorize the SAA, as part of its investigation, to reveal my identity to persons at the organization, business, or institution, which has been identified by me in my formal complaint of discrimination. I also authorize the SAA to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily

I DENY CONSENT to have the SAA reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have the SAA disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the SAA to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case

Printed Name of complainant

Signature of complainant

Date

Shreveport Airport Authority

Complaint Received by _____

Printed Name

Signature

Title

Date