

Fort Smith Regional Airport Title VI Complaint Form

The Fort Smith Regional Airport is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. 47123 further prohibits recipients of the US Department of Transportation financial assistance from engaging in discrimination based on sex, religion, or creed. Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (479) 452-7000 ext. 50. The completed form must be returned to Airport Director, Fort Smith Regional Airport, 6700 McKennon Blvd., Suite 200, Fort Smith, AR 72903.

Please Print Your Response:

1. Complainant's name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (Home) : _____ (Cell): _____

5. Email: _____

6. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

7. Which of the following best describes why the alleged discrimination took place?

Race _____ Color _____ National Origin (limited English proficiency) _____

8. What date did the alleged discrimination take place? _____

9. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity, or person you believe was discriminatory.

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes ____ No ____

11. If yes, please provide information about a contact person at the agency/court where the complaint was filed. _____

12. Please sign and date below. You may attach any written materials or other information that you think is relevant to your complaint. _____

Signature

Date