

Title VI Complaint Form Burlington International Airport, City of Burlington

Burlington International Airport (BTV) 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 Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. 47123 further prohibits recipients of US Department of Transportation financial assistance from engaging in discrimination based on sex and 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 (802) 863-2874. The completed form must be returned to Burlington International Airport, Title VI Coordinator, 1200 Airport Drive #1, South Burlington, VT 05403.

Personal Information:

Your Name: Phone: Alt. Phone:

Street Address, City, State & Zip Code:

Person(s) discriminated against (if someone other than complainant):

Street Address, City, State & Zip Code:

Which of the following best describes the reason for the alleged discrimination? (Check one)

RACE COLOR SEX CREED

TIME OF INCIDENT:

NATIONAL ORIGIN

DATE OF INCIDENT:

Please describe the alleged discrimination incident and the names of those responsible. Explain what happened, who you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

(Complete next page of form)

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES NO

Agency:

Contact Name:

Phone:

Street Address, City, State & Zip Code:

Agency:

Contact Name:

Phone:

Street Address, City, State & Zip Code:

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's Signature

Date

Print or Type Name of Complainant:

RECEIVED BY: _____

DATE RECEIVED: _____