



long beach
airport

Airport ADA/Title VI Coordinator
Airport Administrative Office
4401 E Donald Douglas Dr
Long Beach, CA 90808

(562) 570-2626

melissa.deamicis@longbeach.gov

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?		
Basis of Discrimination <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	If you have a representative, please provide the following information: Name: _____ Firm Name: _____ Address: _____ Telephone Number: () _____	
Date and place of the alleged discrimination.		
Explain as clearly as possible what happened and why you believe you were discriminated against. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).		
Names of individuals responsible for the discriminatory action(s):		
Names of individuals (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint:		
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

The laws prohibit retaliation against anyone because he/she has taken action, or participated in an action, to secure rights protected by these 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.

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

Department of Fair Employment and Housing

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

If you have already filed a charge or complaint, please provide the following information:

Agency/Court: _____ Attorney Name: _____

Address: _____ Firm Name: _____

Date Filed: _____ Address: _____

Case Number: _____ Telephone Number: (_____) _____

Date of Trial Hearing: _____

Status of case:

Please provide any additional information that you believe would assist in the investigation:

Note: The use of the complaint form is not mandatory. You may submit your complaint in any form that includes your signature. Please sign and date the complaint form below.

Signature of Complainant:

Date of Filing:

Complaints may also be filed with the Federal Aviation Administration by faxing or mailing a copy of the complaint to:

Federal Aviation Administration
Office of Civil Rights, ACR-1
800 Independence Ave., S.W.
Washington, DC 20591
Fax: 202-267-8341