Title VI Complaint Form Norfolk International Airport, Norfolk, Virginia

Norfolk International Airport is committed to ensuring that no person is excluded from participation in or denied the benefits of airport 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 757-857-3484. The completed form must be returned to Robert S. Bowen, Deputy Executive Director, Norfolk Airport Authority, Norfolk International Airport, 2200 Norview Avenue, Norfolk, VA 23518 or e-mail: rbowen@norfolkairport.com.

| Personal Information: | |
|--|--------------------------|
| Your name: | |
| Phone number: | |
| Alternate phone number: | |
| Street address: | |
| Street address. | |
| City, State, Zip | |
| Person(s) discriminated against (if someone other than complainant): | |
| Name(s): | |
| Ctua at a dalua an | |
| Street address: | |
| City, State, Zip | |
| Which of the following best describes the reason for the alleged discrimination? (check one) | |
| Race Color Se | x Creed Time of Incident |
| National Origin | Date of Incident |

| Please describe the alleged discrimination incident and the names of those responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Provide as much detail as possible. Add additional pages if necessary. | |
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| Have you filed a complaint v | with any other federal, state or local agency? (check one) |
| Yes No | |
| Agency: | |
| Contact Name | |
| Phone number: | |
| Street address: | |
| City, State, Zip | |
| 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 Con | nplainant |
| Date Received: | Received By: |