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: ____________________________

City, State, Zip: ____________________________

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

Name(s): ________________________________

Street address: ____________________________

City, State, Zip: ____________________________

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, whom you believe was responsible, and other specific relevant information. Provide as much detail as possible. Add additional pages if necessary.

Have you filed a complaint 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 Complainant ___________________________

Date Received: ___________________________ Received By: ___________________________