

Title VI Complaint Form

Hartsfield-Jackson Atlanta International 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, national origin (including limited English proficiency (LEP)), sex (including sexual orientation and gender identity), creed, or age, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 (PL 100.259), Section 520 of the Airport and Airway Improvement Act of 1982, and related authorities. Title VI also prohibits retaliation for asserting or otherwise participating in claims of discrimination.

If you feel you have been unfairly denied access to an airport program or service due to discrimination, please use this form to lodge a complaint. You have the option to submit your complaint through email at civilrights@atl.com, by postal mail to Hartsfield-Jackson Atlanta International Airport, 6000 N. Terminal Parkway, Suite 4000, Atlanta, GA 30320, or by contacting Tyronia Smith at (404) 382-2210 or Scott Carr at (404) 382-2398. Additionally, faxes can be sent to (404) 305-2428.

Name of Complainant		Phone Number: ()		Email Address:	
Address			City		State
ZIP Code					
What is the most convenient time for us to contact you about this complaint?					
Basis of Discrimination <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Disability <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Creed <input type="checkbox"/> Other For Other, please specify _____			If you have a representative, please provide the following information: Name: _____ Firm Name: _____ Address: _____ Telephone Number: () _____		
Date, time, 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. Please explain the circumstances below if you feel you have been retaliated against (separate from the discrimination alleged above). Please explain what action you took that 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 Highway Administration/U.S. Dept. of Transportation

____ Federal Transit 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 (Submitting a photo or a file is optional):

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 a written complaint directly to the FAA:

Federal Aviation Administration

Office of Civil Rights, ACRI

800 Independence Avenue SW Washington, D.C.20591