TITLE VI COMPLAINT FORM



The information you provide below is considered sensitive and will be shared only with those who are considered essential to the investigation and disposition of this complaint. Do not feel limited by the space provided—you are encouraged to attach additional pages if you believe it will assist in the investigation.

NAME ADDRESS DATE AIRPORT PHONE NUMBER EMAIL ADDRESS	
	ully as possible the specific facts of the incident(s) that you are reporting, and mplaint. Please submit any documentation that you may have pertaining to this DMPLAINT FORM

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2. Please provide the name(s) and position(s) of those persons who engaged in the conduct that is the subject of your complaint. If you do not know the name of the person(s), please provide a description of the individual(s).	
3. Please identify names of witnesses to the conduct or incident(s) and contact inform available.	ation if
4. Please indicate the date(s) and time(s) that the conduct or incident(s) occurred.	
5. Please indicate the location(s) where the incident(s) occurred?	

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	question to anyone else? If so, please indica	te Columbia Metropolita
the date of the report, and the person	to whom you made the report.	Hy
	ncident(s) or conduct, please indicate, if you	know, whether
any investigation or corrective action o	ccurred as a result of your report.	
8. Are you requesting specific corrective	e action concerning your complaint? If so, plo	ease describe.
Signature	Date	
	- 410	