



Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Complete this form and mail or deliver to:

LEE COUNTY PORT AUTHORITY Attn: Title VI Coordinator Mail: 11000 Terminal Access Road, Suite 8671, Fort Myers, FL 33913 Email: jarodriguez@flylcpa.com Fax: (239) 590-4688
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Complainant(s) Name(s):	Email Address:		
Address	City	State	Zip Code
Phone Number: ()	What is the most convenient time to contact you about this complaint?		

Person discriminated against (if other than Complainant)

Complainant name, address, email address, and phone numbers:
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What was the discrimination based on: (Check all that apply)

<input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Other (Please specify) _____

Incident Report

Date and time of incident resulting in discrimination:	Where did the incident take place?
Describe how you were discriminated against. What happened and who was responsible? For additional space attach additional sheets.	

Has this case been filed with the Department of Justice or other government agency or court? Yes No

If yes, check all that apply:			
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	<input type="checkbox"/> Federal or State Court		
<input type="checkbox"/> Federal Aviation Administration/U.S. Dept. of Transportation			
Agency or Court:			
Contact Person:			
Address	City	State	Zip Code
Phone Number: ()		Date Filed (mm/dd/yyyy)	
Case Number:		Status of Case:	
Other Comments			

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: _____

A copy of this complaint will be forwarded to: Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, S.W., Washington, D.C. 20591