



## ATTACHMENT A - TITLE VI COMPLAINT FORM

The Columbus Regional Airport Authority (CRAA) is committed to meeting its Title VI obligations at its airports, by its employees, tenants, and concessionaires. If you feel that you have been discriminated against at one of our airports, please document your complaint by completing this form and submitting it to:

Suzanne Bell, Sr. Attorney, Title VI Program Coordinator  
Columbus Regional Airport Authority  
4600 International Gateway  
Columbus, Ohio 43219  
[Legal@ColumbusAirports.com](mailto:Legal@ColumbusAirports.com)  
614-239-5032

Complaint forms can be submitted via a) **online fillable pdf**; b) **email**; c) **mail**; d) **in person at CRAA's Administrative Offices**, 4600 International Gateway, Columbus, OH 43219 during normal business hours.

Please be advised that CRAA is obligated to comply with the Ohio Public Records Law, Ohio Revised Code Sections 149.43 et. Seq. Furnishing the requested information is voluntary; however, the failure to provide such information may result in CRAA being unable to process your complaint.

Section I: Complainant Information	
1. Complainant Name:	
2. Address (City, State & Zip Code):	
3. Telephone (include area code): (    ) -	3a. Secondary Phone (Optional): (    ) -
4. Email Address:	
5. Accessible Format Requirements:	
<div>[    ] Large Print                      [    ] Audio</div> <div>[    ] TDD                                      [    ] Other</div>	

<b>Section II: Person (other than Complainant) Alleging Discrimination</b>
6. Are you filling out this complaint on your own behalf? <input type="checkbox"/> YES* <input type="checkbox"/> NO
<b>*If you answered "yes" to #6, go to Section III.</b>
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:
8. What is your relationship with this individual?
9. Please explain why you have filed for third party:
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Section III: Discrimination Basis / Timeframe / Allegation</b>
11. I believe the discrimination I experienced was based on ( <i>check all that apply</i> ):  <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Creed
12. Date of alleged discrimination: (mm/dd/yyyy)
13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses.

<b>Section IV:</b>	<b>Previous Complaint</b>
14. Have you previously filed a Title VI complaint with any Federal Agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Section V:</b>	<b>Previous Agency Complaint</b>
15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO  *If yes, check all that apply:  <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court	
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone: (include area code)                      Email:	
(     )     -	
<b>Section VI:</b>	<b>Previous Agency Information</b>
Name of Agency complaint is against:	
Contact Person:	
Telephone (include area code) (     )     -	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Airport Use Only**

Name of Title VI Coordinator or Employee Processing the Complaint:

Date and Method Complaint Was Submitted: (mm/dd/yyyy)

☐ In Person ☐ Fillable pdf w/e-sign ☐ Mail/Received ☐ Email/OnlineStart Date of Complaint  
Review:

(mm/dd/yyyy)

Date FAA Notified:

(mm/dd/yyyy)

# Days Since  
Incident:Date Complaint Receipt  
Notification Sent to  
Complainant:

(mm/dd/yyyy)

Resolved within 15 Days:

☐ Yes ☐ No ☐ Pending

List Special Accommodations:

☐ Braille Services ☐ Sign Language ☐ TDD's☐ Translation Services

Resolution Notes

Appeal Filed Date (mm/dd/yyyy)

☐ Yes ☐ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_