TITLE VI DISCRIMINATION COMPLAINT

If you believe that you or another have been subjected to discrimination on the basis of race, creed, color, national origin, or gender in the provision of services, activities, programs, or benefits by Capital Region Airport Commission (the “Commission”) employees, contractors, concessionaires, lessees, or tenants, you may complete and submit this form to the Commission’s Title VI Coordinator. Please be advised that the Commission’s Personnel Manual governs employment-related complaints of discrimination. If you have any questions or need alternative means to submit a complaint due to a disability, please contact:

Russell L. Peaden, C.M.
Title VI Coordinator
Capital Region Airport Commission
1 Richard E. Byrd Terminal Drive, Suite C
Richmond International Airport, VA 23250
Tel: (804) 226-8520
Fax: (804) 625-2610
TTY: (804) 226-1437
Email: RPeaden@flyrichmond.com

SECTION 1

Complainant Information:

Name: ________________________________________________________________

Street Address: _________________________________________________________

City: _____________________________ State: ________________ Zip Code: __________

Phone (day): _______________________(evening):___________________________

Email: ________________________________________________________________

Preferred Method of Contact: ____________________________________________

Person Completing Form (If other than the complainant):

Name: ________________________________________________________________

Street Address: _________________________________________________________

City: _____________________________ State: ________________ Zip Code: __________

Phone (day): _______________________(evening):___________________________

Email: ________________________________________________________________

Preferred Method of Contact: ____________________________________________

1
SECTION 2

Have efforts been made to resolve this complaint with the Commission previously?  □ Yes  □ No

- If yes, what was the outcome?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Has a complaint related to the alleged discrimination that is the subject of this complaint been filed by the complainant or his/her designee with any other Federal, State, or local civil rights agency or court?

□ Yes  □ No

- If yes, with which agency(ies) and/or court(s)? Date filed?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

- Who is the contact person?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SECTION 3

The alleged discrimination was based on (check all that apply):

□ Race  □ Creed  □ Color  □ National Origin  □ Gender
When and where did the alleged discrimination occur?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please describe the acts and location of the alleged discrimination. Provide the name(s) where possible of the individuals involved in the acts at issue.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Were they any witnesses to the alleged discrimination?  
☐ Yes  ☐ No

- If yes, please provide the witnesses’ names and contact information?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What corrective action do you believe would address your complaint?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

AFFIRMATION

I affirm that the above complaint is true and accurate to the best of my knowledge, information, and belief.

SIGNATURE: _________________________________ DATE: ____________________

Sign and submit the completed TITLE VI DISCRIMINATION COMPLAINT form by mail to Russell L. Peaden, C.M., Title VI Coordinator Capital Region Airport Commission, 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250, or by fax to (804) 625-2610.

NOTE: Please be advised that the Commission is obligated to comply with the Virginia Freedom of Information Act. Furnishing of the requested information is voluntary, except that the failure to provide such information may result in the Commission being unable to process your complaint. Additionally, a copy of this complaint will be forwarded to the Federal Aviation Administration’s Office of Civil Rights.