



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: _____

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

Were there 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.