



## 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?

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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?

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- Who is the contact person?

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**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?

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What corrective action do you believe would address your complaint?

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**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.