



**RICHMOND**  
INTERNATIONAL AIRPORT.

## **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:

Stacy Seay, CPPB,VCA  
Procurement Manager and Title VI Coordinator,  
Capital Region Airport Commission,  
1 Richard E. Byrd Terminal Drive, Suite C,  
Richmond International Airport, VA 23250,  
Email: [sseay@flyrichmond.com](mailto:sseay@flyrichmond.com) or by fax to (804) 652-2605.

### **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

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☐ No

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

Sign and submit the completed TITLE VI DISCRIMINATION COMPLAINT form by mail to **Stacy Seay, CPPB, VCA**  
**Procurement Manager and 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) 652-2605.**

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