

## Title VI/ Nondiscrimination Complaint

Name of Complainant:		Address:	
Phone Number:		E-mail Address:	
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent):			
Name and Address of Individual(s) Whom You Allege Discriminated Against You (if known):			
Discrimination Because of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Creed <input type="checkbox"/> Sex <input type="checkbox"/> Other _____	Date of Alleged Discrimination:	
Please list the name(s) and phone number(s) of any person, if known, that the Palm Beach County Department of Airports could contact for additional information to support or clarify your allegation(s):			
Please explain as clearly as possible <b>how, why, when</b> and <b>where</b> you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.			
Complainant's or Complainant's Representative's Signature:		Date of Signature:	

Completed forms should be delivered to the following address: Title VI Coordinator, Palm Beach County Department of Airports, 846 Palm Beach International Airport, West Palm Beach, FL 33406-1470