Bishop International Airport Authority Title VI Complaint Form

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex (including sexual orientation and gender identity), or age in any program or activity receiving federal financial assistance. The Federal Aviation Administration also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

When to File: Complaints of discrimination, intimidation or retaliation must be filed to Bishop International Airport Authority within 90 days of the last date of the prohibited act(s).

Where to File: Bishop International Airport Authority

Airport Managers Office ATTN: Title VI Coordinator 3425 West Bristol Road,

Flint, MI 48507

This form is intended to assist you in filing your civil rights complaint with Bishop International Airport Authority. You may use this form or a letter containing ALL the same information.

Provide information for each question as it relates to your complaint to explain your specific circumstances. Add additional sheets if necessary.

Only the complainant or the complainant's designated representative should complete this form.

| Section 1: Filer Contact Information | | |
|---|--------------------|--------------------------------|
| 1. Name: | | |
| 2. Street Address: | | |
| 3. City: | 4. State: | 5. Zip Code: |
| 6. Home Telephone: | 7. Work Telepho | one: |
| 8. Are you filing this complaint on your own beh | alf? Yes: | No: |
| If you answered yes to question 8, skip to Section Section 2. | on 3. If you answe | red no to question 8, complete |
| 9. Have you previously filed a Title VI complaint | with Bishop Intern | national Airport Authority? |
| Yes: No: | | |

| Section 2: Individual Discriminated Against | | | | |
|--|--------------------|---------------|--|--|
| 10. Name: | | | | |
| 11. Street Address: | | | | |
| 12. City: | 13. State: | 14. Zip Code: | | |
| 15. Home Telephone: | 16. Work Telephone | : | | |
| 17. Relationship to Filer: | | | | |
| 18. Explain why you have filed for a third party: | | | | |
| | | | | |
| 19. Confirm you have obtained direction or permission of the aggrieved party if you are filing on behalf of a third party. | Yes: | No: | | |
| | | | | |
| Section 3: Details of Alleged Discrimination 20. Company Name: | | | | |
| . , | | | | |
| 21: Name of Individual (if known): | | | | |
| 22. Date Alleged Discrimination Began: | | | | |
| 23. Last or Most Recent Date of Alleged Discrimination: | | | | |
| 24. Indicate below the basis on which you believe discriminatory actions were taken. (check all that apply). | | | | |
| [] Race [] Color [] National Origin [] Creed [] Sex [] Age | | | | |
| 25. Explain as clearly as possible what happened and why you believe you were | | | | |
| discriminated against. Provide name(s) of witness(es) and others involved in the alleged discrimination. (Attached additional sheets if necessary) | | | | |
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| Section 4: Other Filings | | | | |
|---|----------------------|-----------------------------|--|--|
| 26. Have you filed this complaint with any Federal, State, or other local agency, or with any | | | | |
| court? | | | | |
| Yes: No: | | | | |
| O7. If we a shoot all that apply and identify: | | | | |
| 27: If yes, check all that apply and identify: | | | | |
| [] Federal Agency: | | | | |
| [] Federal Court: [] State Agency: | | | | |
| [] State Court: | | | | |
| [] Local Agency: | | | | |
| [] == === | | | | |
| 28. If you answered yes to question 26, pro | vide information abo | out a contact person at the | | |
| agency/court where the complaint was filed | | • | | |
| | | | | |
| Name & Title: | | | | |
| 29. Street Address: | | | | |
| 30. City: | 31. State: | 32. Zip Code: | | |
| 33. Phone Number: | | | | |
| L | | | | |
| You may attach any written materials or other information that you think is relevant to your | | | | |
| complaint. | r mormation that ye | a timik io roiovant to your | | |
| Signature: | Date | 9: | | |
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Please submit this form in person or by mail to the address below:

Bishop International Airport Authority Airport Managers Office ATTN: Title VI Coordinator 3425 West Bristol Road, Flint, MI 48507