Completed forms may be mailed, faxed or emailed to:

Attention: Title VI Coordinator
Office of Administration
2200 Norview Ave
Norfolk, VA 23518
Email: CivilRights@NorfolkAirport.com
Fax: 757-857-3265

Title VI Complaint Form

Section 1					
Name		Address			
City		State		Zip Code	
Email		Phone #			

Section 2					
Are you filling this complain on your own behalf?	☐	Yes	(If "YES", got o section III)	☐	No
If you answered "NO", provide the name and relationship of the person submitting this for you.					
Name		Relationship			
Please explain the reason you are completing this form for the complaint:					
Have you received permission from the complainant to submit on their behalf?	☐	Yes		☐	No

Section 3				
Have you previously filed a Title VI complaint with Norfolk International Airport?	☐	Yes	☐	No

Section 4			
Provide the name of the company or agency you are filing the complaint against.			
Name of the Company/Agency		Phone #	
Contact Person's Name		Title	

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)

Completed forms may be mailed, faxed or emailed to:

NORFOLK INTERNATIONAL AIRPORT

Attention: Title VI Coordinator
Office of Administration
2200 Norview Ave
Norfolk, VA 23518
Email: CivilRights@NorfolkAirport.com
Fax: 757-857-3265

Section 5
I believe I have experienced discrimination based upon the following:
☐ Age ☐ Color ☐ Creed ☐ Language Proficiency ☐ Race ☐ Religion ☐ Gender ☐ National Origin

Date of the discriminatory act (mm/dd/yyyy):		Time:		Location:	

Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of all persons involved person(s) involved, including the offending party/parties and witnesses. Include as much detail as possible. Please attach any additional written explanation and/or supporting documentation to this complaint.

Have you filed a complaint with any other federal, state, or local agency?		☐	Yes	☐	No
Agency:		Contact Name			
Address:			Phone #		

I affirm that I have read the above claim and it is true to the best of my knowledge.

Complainant's Signature _____ Date _____

Received by _____ Received Date _____ Department _____