



Mobile Airport Authority

TITLE VI and ADA DISCRIMINATION COMPLAINT FORM

SECTION I				
Name		Address		
City		State		Zip Code
Email Address		Phone #		Phone #
Accessible Format Requirement? <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other				

SECTION II	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes (If "Yes", go to Section III) <input type="checkbox"/> No	
If you answered "No", provide the name and relationship of the person submitting this form for you.	
Name:	Relationship:
Please explain the reason you are completing this form for the complainant:	
Have you received permission from the complainant to submit on his/her behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III	
Have you previously filed a Title VI complaint with the Mobile Airport Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV	
Have you filed this same complaint with any other federal, state, or local agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please check ALL that apply below:	
<input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court	
Provide the contact person's information at the agency(ies). List any additional information below:	
Name	Title
Agency	Phone #
Physical Address/City/ST/Zip Code	Email Address

SECTION V			
Provide the name of the company or agency you are filing the complaint against.			
Name of 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)

TITLE VI and ADA DISCRIMINATION COMPLAINT FORM (cont'd.)

SECTION VI		
I believe I have experienced discrimination based up the following:		
<input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Language Proficiency <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex		
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.

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

Complainant's Signature

Date

Receive by

Date Received

Department

Completed forms may be mailed or emailed to:
 Attention: Title VI Coordinator
 Mobile Airport Authority
 1891 Ninth Street, Mobile, AL 36615
 Email: rbarren@mobairport.com

ATTACHMENT A – ADDITIONAL SHEET(S)

 Complainant’s Name

 Date

This is additional information in response to question _____ (insert question number).

Attachment A: Additional sheet(s)

ATTACHMENT B – INFORMATION ON PRIOR COMPLAINT(S) FILED

_____ _____
Complainant's Name Date

1. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaints with our office or another office in the Department of Transportation?

Yes _____ No _____ If yes, provide the complaint number(s) _____

2. Provide the name and telephone number of the person who investigated the complaint, if known.

3. Against what individual or organization was the prior complaint filed?

Name: _____

Company or Organization: _____

Address: _____

City, State and ZIP Code: _____

Business E-mail: _____

Telephone Business: _____

Date complaint filed: _____

4. Briefly, what was the complaint about?

5. What was the outcome of the complaint?

6. Have you (or the person who experienced discrimination, intimidation or retaliation) filed a charge or complaint concerning the matters raised in this complaint with any of the following?

Attachment B: Prior Complaint(s)

- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- State or Local Human Relations/Rights Commission
- Grievance or Complaint Office
- Airport Sponsor
- Other (specify)

7. If you have already filed a charge or complaint with any Agency/Court indicated above, provide the following information (attach additional pages if necessary):

Agency/Court: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Person Investigating Case: _____

Status of Case: _____

Comments: _____



ATTACHMENT C – NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

U.S. Department of Transportation
Departmental Office of Civil Rights

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the Department of Transportation (DOT) are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

– A recipient may not force its employees to be represented by the recipient’s counsel nor may a recipient intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with DOT. The representative may be the recipient’s counsel, the employee’s private counsel, or anyone else the interviewee authorizes to be present.

– The laws and regulations which govern DOT’s compliance and enforcement authority provide that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual because he/she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing conducted under DOT’s jurisdiction, or has asserted rights protected by statutes DOT enforces.

– Information obtained from the complainant or other individual which is maintained in DOT’s investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if release of such information would constitute an unwarranted invasion of personal privacy.

There are two laws governing personal information submitted to any Federal agency, including DOT: The Privacy Act of 1974 (5 U.S.C. § 552a) and the Freedom of Information Act (5 U.S.C. § 552).

<p>THE PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and that can be located by the individual’s name or social security number or other personal identification system. Persons who submit information to the government should know that:</p>	<p>– DOT is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and, in some instances, religion against recipients of Federal financial assistance. DOT also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.</p>
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– Information that DOT collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. DOT staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. DOT also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act. (See below)

– Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in DOT’s regulation at 49 CFR Part 10, DOT will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act. (See below)

– No law requires a complainant to give personal information to DOT, and no sanctions will be imposed on complainants or other individuals who deny DOT’s request. However, if DOT fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

– The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of DOT to exercise authority to exempt systems of records only in compelling cases. DOT may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against a recipient of Federal financial assistance. Complaint files are exempt in order to aid negotiations between recipients and DOT in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

THE FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of re-cords of the Government—not just materials that apply to them personally. DOT must honor requests under the Freedom of Information Act, with some exceptions. DOT generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an “unwarranted invasion of privacy” of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a “clearly unwarranted invasion of privacy.”

– DOT does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a recipient that violates the laws, or unless such information is required to be disclosed under the Freedom of Information Act (FOIA) or the Privacy Act. DOT will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under FOIA, the Privacy Act, or otherwise required by law.



ATTACHMENT D – COMPLAINANT CONSENT/RELEASE

U.S. Department of Transportation
Departmental Office of Civil Rights

COMPLAINANT CONSENT/RELEASE

Complainant’s Name

Address

City, State and Zip Code

Complainant Number(s) (If known)

Please read the information below, check the appropriate box and sign this page.

I have read the Notice about Investigatory Uses of Personal Information by the Department of Transportation (DOT). As a complainant, I understand that in the course of an investigation it may become necessary for DOT to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOT to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOT to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOT’s regulations from intimidation or retaliation for taking action or participating in action to secure rights protected by nondiscrimination statutes enforced by DOT. A complainant’s lack of consent does not necessarily prevent investigation of the complaint.

CONSENT/RELEASE

- CONSENT** – I have read and understand the above information and authorize DOT to reveal my identity to persons at the organization or institution under investigation. I hereby authorize DOT to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and do so voluntarily.
- CONSENT DENIED** – I have read and understand the above information and do not want DOT to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Acknowledgment by signature is required.

PRINT NAME	SIGNATURE	DATE
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Attachment D: Consent/Release