



**Austin Bergstrom International Airport (AUS)
City of Austin
Title VI Complaint Form**



Please, submit this form in person or via e-mail at the address below, or mail this form to:
Austin Bergstrom International Airport, Kevin Russell, Airport Deputy Chief, 3201A Presidential Blvd., Austin, Texas 78719
Telephone Number: (512) 530-6364, Fax Number: (512) 530-7686, Email: AUS.TitleVI@flyaustin.com

Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

E-Mail Address:

Accessible Format Requirements? Large Print Audio Tape TDD
 Other: _____

Section II:

Are you filing this complaint on your own behalf? Yes* No

**If you answered "Yes" to this question, go to Section III.*

If "No," please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please, confirm that you have obtained the permission of the aggrieved, third party: Yes No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

- Race Color Ethnicity National Origin Disability Age Religion
 Ancestry Sex/Gender Gender Identity Sexual Orientation
 Other: _____



**Austin Bergstrom International Airport (AUS)
City of Austin
Title VI Complaint Form**



Date of Alleged Discrimination (Month/Day/Year): _____

Explain, as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. If more space is needed, please use the back of this form or a separate sheet of paper.

Include the name(s) and contact information of the person(s) who discriminated against you (if known).

Please list any and all witnesses' names, employers and contact information, if applicable:

What type of corrective action would you like to see taken?

Section IV

Have you previously filed a Title VI complaint with the Airport? Yes No



**Austin Bergstrom International Airport (AUS)
City of Austin
Title VI Complaint Form**



Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If “Yes,” check all that apply:

<input type="checkbox"/> Federal Agency: _____
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____

Please, provide information about a contact person at the agency/court where the complaint was filed.

Name	Title	Agency	Address	Telephone

Section VI

Please, list any person(s) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary.)

Name	Address	City, State ZIP	Telephone	E-Mail

Section VII:

Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary.)

Signature and date required, below:

Signature

Date