



## TITLE VI COMPLAINT FORM

**Use this form to file a complaint:**

If you believe Denver International Airport, its airport operators and their lessees, tenants, concessionaires or contractors have discriminated against you because of race, color, national origin, sex, or limited English proficiency (LEP).

**Instructions:** Complete this form, print it, sign and mail, or -e-mail to:

Denver International Airport  
Attn: Susan Holt - Title VI Coordinator  
Airport Office Building  
8500 Pena Boulevard  
Denver, CO 80249  
Phone (303) 342-2814  
[Disability.Coordinator@flydenver.com](mailto:Disability.Coordinator@flydenver.com)

If you are unable to write because of your disability and are unable to submit a complaint online, by mail, or facsimile, the Disability Coordinator at Denver International Airport can assist you by scribing your complaint by phone.

**Complainant Information**

Complainant Name

Address

Telephone # (Home)

Telephone # (Work)

Email Address

**Person (other than Complainant) Alleging a Title VI Violation**

Complainant Name

Address

Telephone # (Home)

Telephone # (Work)

Email Address

I believe the discrimination I experienced was based on (check all that apply)	
<input type="checkbox"/> Race	<input type="checkbox"/> Color
<input type="checkbox"/> National Origin	<input type="checkbox"/> Other
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. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses.	

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?	Yes	No
<b>If you answered "Yes" to the previous question, complete the following</b>		
Agency or Court	Date Filed (mm/dd/yyyy)	
Contact Person		
Address:		
Telephone (include area code)		
Other Comments:		

You may attach any written materials or other information that you think is relevant to your complaint.

**Signature and date required below**

Signature:

Date:

A copy of this complaint will be forwarded to:

Federal Aviation Administration  
Office of Civil Rights  
ACR-1, 800 Independence Ave, S.W.  
Washington DC 20591