

**Title VI Complaint Form**

**Purpose:** Use this form to file a complaint if you believe Denver International Airport has not provided adequate access to airport services, programs, opportunities, or activities. If you are a limited-English-proficient Individual and you believe Denver International Airport did not provide adequate language assistance with respect to a service, benefit or encounter. 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, creed, or handicap in public services and employment opportunities.

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

Denver International Airport  
Attn: ADA/Title VI Coordinator  
Airport Office Building  
8500 Peña Boulevard  
Denver, CO 80249  
Phone: (303)342.2814  
[Disability.Coordinator@flydenver.com](mailto:Disability.Coordinator@flydenver.com)

**Complainant Information**

Complainant Name	E-mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

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

Complainant Name	E-mail Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

**Airport Service, Program, Opportunity, or Activity Allegedly in Violation**

Date Alleged Violation Occurred (mm/dd/yyyy)		Location	
Description of Service, Program, Opportunity or Activity (if traveling, indicate Airline used)		OR	Description of Service, Benefit or Encounter (Limited-English Proficiency only)
Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other)			
Description of Alleged Violation and Requested Remedy			
Has this case been filed with the Department of Justice or other government agency or court?			

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court				
Contact Person				
Address		City	State	Zip Code
Phone (include area code)		Date Filed (mm/dd/yyyy)		

Other Comments

Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this complaint will be forwarded to: Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, S.W., Washington, D.C. 20591