

# TITLE VI COMPLAINT FORM

Name	Daytime Phone (if available)	Evening Phone (if available)
Address (Street, P.O. Box, etc)		City, State, Zip Code
Name of Person(s) whom you are filing this complaint against (if known):		Date of Alleged Incident:
Please describe the event, occasion, place, etc. where the alleged incident took place:		
Complaint filed on the basis of (please check)		
<input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Disability		
Briefly describe the incident that triggered a Title IV violation, including the nature of the event, who was involved and any other details necessary for an investigation. (you may use reverse side or attach separate sheet)		
Signature		Date
Mail To: Sanford Airport Authority 1200 Red Cleveland Blvd. Sanford, FL 32773		