

## **Orlando Sanford International Airport**

## **ADA / TITLE VI DISCRIMINATION COMPLAINT FORM**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 and the Title VI of the Civil Rights Act of 1964, the Orlando Sanford International Airport assures that no person shall on the grounds of race, creed, color, national origin, sex, age or disability\*, be excluded from participation in, been denied benefits of, or be otherwise subjected to discrimination under any program or activity.

Any person, or his or her representative, who feels that he or she or any specific class of persons has been subjected to discrimination based on their of race, creed, color, national origin, sex, age or disability, has the right to file a complaint with the Airport. This procedure does not deny or limit the right of a complainant to file a formal complaint with an outside agency, such as the U.S. Department of Transportation or Federal Aviation Administration, or to seek private legal counsel regarding discrimination.

\*Persons with disabilities needing assistance with the completion of this form, please call 407.585.4019.

1.	Complainant Name:	
	Street Address:	
	City, State, Zip Code:	
	Telephone:	
	Email Address:	
2.	Person you believe disci	riminated a
	Name:	
3.	Location of incident:	
4.	Are you represented by	an attorney
	Yes N	lo
lf	yes, please complete the fo	ollowing:
Α	ttorney's Name:	
S	treet Address:	
С	ity, State, Zip Code:	
Т	elephone:	

5.	Which of the place? Pleas	_	st describes the reaso	n you belie	eve the discrin	nination t	ook
	Race	Color	National Origin	Sex	Income S	Status	Age
	Disability	Retaliation	Sexual Orientation	Politic	al Affiliation	Marita	l Status
6.	Date(s) of the	e alleged disc	rimination:				-
7.	and who you employee(s)	believe was r	se describe the allegoresponsible. (Include ne incident, date, loca necessary.	bus numbe	er, route numb	er, name	of transit
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Yes	No		
If yes, check	k all that app	ly:	
Fede	ral	Federal Court	
State		State Court	Local Court

You may attach any additional information you think is relevant to your complaint. Complaints must be filed within 180 days after the alleged discriminatory event, must be in writing, and must be delivered to:

**Sanford Airport Authority** 

Diversity & Customer Advocacy Coordinator Michelle C. Telfair 1200 Red Cleveland Blvd. Sanford, Florida 32773