



**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.*

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**1. Complainant Name:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Person you believe discriminated against you (if known):**  
**Name:** \_\_\_\_\_

**3. Location of incident:** \_\_\_\_\_

**4. Are you represented by an attorney for this complaint?**  
Yes            No

If yes, please complete the following:

Attorney's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_



**8. Have you filed a complaint of the alleged discrimination with a federal, state, or local agency, or with a state or federal court?**

Yes

No

**If yes, check all that apply:**

Federal

Federal Court

State

State Court

Local Court

**Please provide the name of the Agency where you filed your complaint.**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Complainant Signature

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

**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