



## Title VI Complaint Form

Los Angeles World Airports is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, age, sex, creed, disability, or any other Federally-protected category as provided by Title VI of the Civil Rights Act of 1964. Title VI complaints must be filed within 180 days from the alleged discrimination.

Please complete the form below in order to process and investigate your complaint. We take your concerns seriously and will thoroughly research the information you provide. Thank you.

<b>Section 1, Complainant:</b>	
Name: _____	
US Mailing Address:	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Telephone: _____	Alternative Telephone: _____
E-mail Address: _____	
Accessible Format(s) Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD	
<b>Section 2:</b>	
Are you filing this complaint on your own behalf?	
<input type="checkbox"/> Yes (If you answered "yes" to this question, go to Section 3)	
<input type="checkbox"/> No	
If not, please <b>provide</b> the name and relationship of the person on whose behalf you are filing the complaint.	
Name: _____	Relationship: _____
Please explain why you have filed for a third party:  _____	
Confirm you have obtained permission by the aggrieved party to file on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 3:</b>	
I believe the discrimination I experienced was based on (check the appropriate box below):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Gender	
<input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/> Disability	
Date of Alleged Discrimination (Month, Day, Year): _____	

Explain clearly 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. If more space is needed, please use the back of this form.

**Section 4:**

Have you previously filed a Title VI complaint with this agency?  Yes  No  
When:

**Section 5:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
Check one:  Yes  No

If yes, check all that apply:  
 Federal Agency  Federal Court  State Agency  State Court  Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.  
Additional sheets can be provided, as needed.

Name:

Title:

Agency:

Address:

Telephone:

**Section 6:**

What remedy, or action, is being sought for the alleged discrimination?

You may attach any written materials or other information you **believe** is relevant to your complaint. **If** additional information is attached to the complaint form, please list the items below.

- 1.
- 2.

Signature must be provided by Complainant **or third** party representative.

\_\_\_\_\_  
Complainant or third party representative

\_\_\_\_\_  
Date

**Please email this form and any documentation to:** LAWA Title VI Program  
Anny Surmenian, Manager  
Email: [CivilRights@lawa.org](mailto:CivilRights@lawa.org)

**Alternatively, you may mail the form to:** LAWA Title VI Program  
Anny Surmenian, Manager  
1 World Way  
Los Angeles, CA 90045

For accommodations to complete this form, please contact the LAWA Title VI Program Office at (424) 646-7950.