



# TITLE VI COMPLAINT FORM

## CUSTOMER CONTACT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone/s: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Other)  
 E-Mail: \_\_\_\_\_

**COMPLAINT** – List specific events/actions; include names of any/all persons involved. Add ID numbers and employers, where known (if additional space is needed, please attach a separate sheet of paper).  
 Note: Written complaints must be provided within 90 days of the incident:

**BASIS OF ALLEGED DISCRIMINATION** – List the basis on which you feel you were discriminated against and what service/s you were denied (if additional space is needed, please attach a separate sheet of paper):

\_\_\_\_\_  CUSTOMER UNABLE TO SIGN  
 CUSTOMER'S SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ PRINT NAME

## MIAMI-DADE AVIATION DEPARTMENT USE ONLY

**MDAD Representative Taking Complaint:** \_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ PRINT NAME

**FOR MIAMI-DADE AVIATION DEPARTMENT USE ONLY**

- Complaint received by phone; individual unable to provide a written complaint.
- Complaint received by E-Mail.

**MDAD ACTIONS** – List the actions undertaken by MDAD to investigate the issue (if additional space is needed, please attach a separate sheet of paper):

**COMPLAINT RESOLUTION** – Describe how the issue was concluded:

\_\_\_\_\_  
MDAD EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

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**MAIL COMPLETED FORM TO:** Federal Aviation Administration  
Office of Civil Rights, ACR-1  
800 Independence Avenue, S.W.  
Washington, D.C. 20591

**NOTE: ATTACH ALL CORRESPONDENCE/DOCUMENTS PROVIDED BY CUSTOMER**