

Title VI Complaint Form

Fort Lauderdale-Hollywood International Airport

The Fort Lauderdale-Hollywood International Airport (FLL) 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 or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. 47123 further prohibits recipients of the US Department of Transportation financial assistance from engaging in discrimination based on sex, religion or creed. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (954) 359-6100. The completed form must be returned to the Broward County Aviation Department via one of the following methods: Email: contactfll@broward.org; Fax: 954-359-6198; Mail: Guest Experience Manager, Broward County Aviation Department, 320 Terminal Drive, Suite 200, Fort Lauderdale, FL 33315.

Personal Information:

Your Name: Phone: Email:

Street Address:

City, State, Zip/Postal Code & Country:

Person(s) discriminated against (if someone other than complainant):

Name(s):

If discrimination is against person other than complainant:

Street Address:

City, State, Zip/Postal Code & Country:

Which of the following best describes the reason for the alleged discrimination? (Check one):

☐ Race ☐ Color ☐ Sex ☐ Creed ☐ National Origin ☐ Religion

Date of Incident: Time of Incident:

Please describe the alleged discrimination incident and the names of those responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

Please describe the alleged discrimination incident (continued).

Have you filed a complaint with any other federal, state or local agencies? (Check one)

☐ Yes ☐ No

If yes:

Agency:

Contact Name:

Phone:

Street Address:

City, State & Zip Code:

I affirm that I have read the discrimination complaint and it is true to the best of my knowledge.

Complainant's Signature

Date

Print or Type Name of Complainant:

FOR BROWARD COUNTY AVIATION DEPARTMENT USE:

DATE COMPLAINT RECEIVED: _____ RECEIVED BY: _____