

**JACKSONVILLE AVIATION AUTHORITY
TITLE VI COMPLAINT FORM**

Purpose: Use this form to file a complaint if you believe Jacksonville International Airport (JAX) has not provided adequate access to services, programs, opportunities or activities.

Use this form to file a complaint if you are a Limited English Proficient individual and you believe JAX did not provide adequate language assistance with respect to a service, benefit or encounter.

Within 15 days after receipt, this form will be forwarded to the:

**FEDERAL AVIATION ADMINISTRATION, OFFICE OF CIVIL RIGHTS, ACR-1
800 Independence Avenue S.W., Washington, D.C. 20591**

Instructions: Complete this form: print it, sign it, and mail, fax or email to:

**Title VI Coordinator
Jacksonville Aviation Authority
14201 Pecan Park Road
Jacksonville, FL 32218
Fax: 904-741-2350
TitleVICoordinator@flyjacksonville.com**

Complainant Name

Complainant Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

Person (other than Complainant) Alleging a Title VI Violation

Complainant Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code)	Business Phone (include area code)		

Airport Service, Program, Opportunity or Activity Allegedly in Violation

Date Alleged Violation Occurred (mm/dd/yyyy)	Location
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Description of Service, Program, Opportunity or Activity (if traveling, indicate Airline used)	OR	Description of Service, Benefit or Encounter (Limited English Proficiency only)
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Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other)
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Description of Alleged Violation and Requested Remedy: (attach additional sheets if necessary)
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Has this case been filed with the Department of Justice or other government agency or court?
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If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court

Contact Person

Address	City	State	Zip Code
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Phone (include area code)	Date Filed (mm/dd/yyyy)
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Other Comments: (attach additional sheets if necessary)

Signature _____

Date _____