

Jackson Hole Airport

Title VI and ADA/504 Complaint Form

Use this form to file a complaint if you believe the Jackson Hole Airport, its airport operators and their lessees, tenants, concessionaires or contractors have discriminated against you because of race, color, national origin or disability in access to public services and employment opportunities.

Instructions: Complete this form in its entirety and mail, hand deliver or e-mail it to:

Jackson Hole Airport Attn: Title VI/Disability Coordinator PO Box 159 or 1250 East Airport Drive Jackson, WY 83002 <u>coordinator@jhariport.org</u>

Complainant Information

| Name | E-mail Address |
|--------------------------------|------------------------------------|
| | |
| Address | City, State, Zip |
| | |
| Home Phone (include area code) | Business Phone (include area code) |
| | |

Person (if different than complainant) asserting Title VI or ADA/Section 504 violation

| Name | E-mail Address |
|--------------------------------|------------------------------------|
| | |
| Address | City, State, Zip |
| | |
| Home Phone (include area code) | Business Phone (include area code) |
| | |

Details of Alleged Violation

| Date and time violation occurred (mm/dd/yyyy) | Location |
|---|----------|
| | |

| Description of organization you believe has discriminated including name and address (Airport, Tenant, Concessionaire, Contractor, Other) | | |
|--|---|--|
| | | |
| Description of violation | | |
| | | |
| Description of encounter (if complaint concerns failu Proficiency) | re to provide services to person(s) with Limited English | |
| | | |
| Supporting contacts/witnesses – list any person(s) whom we may contact for additional information to support your complaint (attach additional sheets if necessary) | | |
| Has this case been filed with the Department of Justice or other Government Agency or court? | | |
| If yes to field above, please list agency or court | If yes to field above, please list contact information including name, address, and phone | |
| Other Comments | | |
| | | |
| | | |

Signature _____

Date _____

A copy all Title VI complaints will be forwarded to the Federal Aviation Administration, Office of Civil Rights, ACR-1, 800 Independence Avenue, S.W., Washington, D.C. 20591.

A copy of all ADA complaints will be forwarded to the U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section, Washington, D.C. 20530.