

Title VI/Nondiscrimination Complaint Form

Thank you for completing this complaint form. The Phoenix-Mesa Gateway Airport Authority (PMGAA) is committed to ensuring that no person is excluded from participation, denied benefits of, or subjected to discrimination at the Airport.

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 480-988-7622 or e-mailing CivilRights@gatewayairport.com. Complaints must be filed within 180 days of the alleged incident.

Complainant Information				
Name		Phone Number(s)		
E-mail				
Street Address				
City, State, Zip & Country				
Person(s) discriminated against (if someone other than complainant)				
Name				
Street Address				
City, State, Zip & Country				
Incident Description				
Which of the following best describes the reason for the alleged discrimination? (check one)				
Race	Color	National Origin	Sex	
Age	Creed	Religion		
Date of Incident (MM/DD/YYYY)		Time of Incident		

Location of Incident
Please describe in detail the alleged discrimination and the names of those responsible. Please use the following section and/or attach additional sheets if more space is required.
Why do you think this incident occurred, and how could it have been avoided?
How can this issue be resolved to your satisfaction?
Was there a witness? Please provide contact information including name, address, phone number, and e-mail address if known. Attach additional sheets if needed.
Attach any additional documents you believe supports your complaint. Additional Information
Have you filed a complaint with any other federal, state, or local agencies? <i>(check one)</i> Yes No

If you answered "Yes," please provide the following information			
Agency	Contact Name		
Agency	Contact Name		
Signature			
I affirm that all information in this complaint is true an	d complete to the best of my knowledge and belief.		
Signature (Typed Name for Electronic Submittal)	Date (MM/DD/YYYY)		
A staff member will contact you within one week.			
AIRPORT USE ONLY			
Date Received (MM/DD/YYYY)	Received By		

The completed form may be submitted to:

Phoenix-Mesa Gateway Airport Authority Title VI Coordinator 5835 S. Sossaman Road Mesa, AZ 85212

- OR -

 $\underline{Civil Rights@gatewayairport.com}$