

England Economic and Industrial Development District (England Authority)
Alexandria International Airport (AEX)
Title VI Complaint Form

Please complete this form to file a complaint if you believe Alexandria International Airport, its airport operators, and their lessees, tenants, concessionaires, or contractors have discriminated against you because of your race, color, national origin, age, sex, creed, in airport services, programs, opportunities, or activities. If you are a Limited-English-Proficient individual and you believe Alexandria International Airport did not provide adequate language assistance with respect to a service, benefit or encounter, please also complete this form.

Please submit this form in person or via email (rhennesy@englandairport.org) or mail the form to: England Authority, Mr. Ralph Hennesy, Executive Director, 1611 Arnold Drive, Alexandria, LA. 71303, Telephone Number (318) 449-3506

Section I:	
Name:	
Address:	
Telephone (home):	Telephone (work):
E-Mail:	

Section II:	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If you answered "Yes" to this question, go to Section III	
If "No", please supply the name and relationship of the person for whom you are complaining:	
Name:	Relationship:
Please explain why you have filed for a third party:	
Please, confirm that you have obtained the permission of the aggrieved, third party:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III:	
I believe the discrimination I experienced was based on (please check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Ethnicity <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Religion	
<input type="checkbox"/> Ancestry <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Other:	

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Date of Alleged Discrimination (Month/Day/Year:

Explain as clearly as possible, what happened and why you believe you were discriminated against. Describe all person who were involved. If more space is needed, please use the back of this form or a separate sheet of paper.

Include the name(s) and contact information of the person(s) who discriminated against you (if known.

Please list any and all witnesses' names, employers and contact information, if applicable:

What type of corrective action would you like to see taken?

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Section IV:

Have you previously filed a Title VI complaint with the Airport? ☐ Yes ☐ No

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No

If "Yes" please check all that apply and indicate the name of the court or agency:

- | | |
|--|--|
| <input type="checkbox"/> Federal Agency: | <input type="checkbox"/> State Agency: |
| <input type="checkbox"/> Federal Court: | <input type="checkbox"/> Local Agency: |
| <input type="checkbox"/> State Court: | |

Please, provide information about a contact person at the agency/court where complaint was filed.

Name	Title	Agency	Address	Telephone

Section V:

Please list any person(s) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary).

Name	Address	City, State Zip	Telephone	E-Mail

Section VI:

Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary).

You may attach any written materials or other information that you think is relevant to your complaint. Signature and the date are required below.

Signature

Date