Northwest Arkansas National Airport Title VI Complaint Form

The Northwest Arkansas National Airport Authority 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 (479) 205-1000. The completed form must be returned to Northwest Arkansas National Airport Title VI Coordinator, One Airport Blvd. Ste. 100, Bentonville, AR 72713.

Please Print Your Response:

1. Complainant’s name: ________________________________________________________________

2. Address: _________________________________________________________________________


4. Telephone Number (Home) : ________________________ (Cell): _________________________

5. Email: ___________________________________________________________________________

6. Person discriminated against (if someone other than the complainant):
Name: ____________________________________________________________________________
Address: ___________________________________________________________________________
City: _____________________________________  State: ________  Zip Code: _________________

7. Which of the following best describes why the alleged discrimination took place?
Race _____  Color _____  National Origin (limited English proficiency) _____

8. What date did the alleged discrimination take place? ___________________

9. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?   Yes ____      No ____

11. If yes, please provide information about a contact person at the agency/court where the complaint was filed. ________________________________________________

12. Please sign and date below. You may attach any written materials or other information that you think is relevant to your complaint.

________________________________________  _______________________________________
Signature                        Date