

Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

| Section I | | | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------|---------------|------------------------------|--|
| Name: | | | | |
| Address: | | | | |
| Phone: (Home) | | (Work) | | |
| Email addres | s: | | | |
| Accessible fo | rmat requirements? Large print | | Audio tape | |
| TDD | Other | | | |
| | | | | |
| Section II | | | | |
| Are you filing this complaint on your own behalf? Yes No | | | | |
| [If you answer | ed "yes" to this question, go to Section I | II.] | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | |
| | | | | |
| Please explain why you have filed for a third party | | | | |
| | | | | |
| Please confirn on behalf of a | n that you have obtained the permission third party. | of the aggrie | eved party if you are filing | |
| Yes | No | | | |
| | | | | |
| Section III | | | | |
| Have you prev | viously filed a Title VI complaint with this | agency? | | |
| Yes | No | | | |

Section IV

(615) 275-1468.

| Name of agency complaint is against: | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| Contact person: | Title: | | | |
| Telephone number: | | | | |
| such as names, dates, times, route would assist us in our investigation | e your complaint. You should include spect numbers, witnesses, and any other inform of your allegations. Please also provides complaint. Please include the basis of the disability or income status. | mation that any other | | |
| Sign here: | Date: | | | |
| [Note - We cannot accept your complain | nt without a signature.] | | | |
| Please mail your completed form to: | | | | |
| Title VI Coordinator c/o Business Dive Metropolitan Nashville Airport Author 140 BNA Park Drive, Suite 520 Nashville, TN 37214 | | | | |
| If you have questions on how to file t | his complaint, you may contact us: | | | |