



Title VI Complaint Form

Purpose: Use this form to file a complaint if you believe Grand Forks International Airport has not provided adequate access to airport services, programs, opportunities, or activities. If you are a limited-English-proficient Individual and you believe Grand Forks International Airport did not provide adequate language assistance with respect to a service, benefit or encounter. If you believe Grand Forks International Airport its airport operators and their lessees, tenants, concessionaires or contractors have discriminated against you because of race, color, national origin, sex, creed, or handicap in public services and employment opportunities.

Instructions: Complete this form, print it, sign it, and mail, fax or e-mail to:

Grand Forks International Airport
 Attn: ADA/Title VI Coordinator
 Administrative Offices
 2301 Airport Drive #107
 Grand Forks, ND 58203
 Phone (701)795-6981 FAX (701)795-6979
Disability.Coordinator@gfkairport.com

Complainant Information

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

Person (other than Complainant) Alleging a Title VI Violation

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

Airport Service, Program, Opportunity, or Activity Allegedly in Violation

Date Alleged Violation Occurred (mm/dd/yyyy)	Location	
Description of Service, Program, Opportunity or Activity (if traveling, indicate Airline used)	OR	Description of Service, Benefit or Encounter (Limited-English Proficiency only)
Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other)		
Has this case been filed with the Department of Justice or other government agency or court?		

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court			
Contact Person			
Address	City	State	Zip Code
Phone (include area code)	Date Filed (mm/dd/yyyy)		

Other Comments

Signature _____ Date _____

For Internal Use Only:

Date and Time Grievance Received:

Date and Time of First Contact:

Action Taken: