

## Title VI Complaint Form

The Bradley International Airport 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 Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. § 47123 prohibits recipients of U.S. Department of Transportation financial assistance from engaging in discrimination based on sex 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.

Complete this form, print it, sign it, and mail or email to:

By mail to:       Bradley International Airport  
                      Attn: Mr. Ryan Tenny – Title VI Coordinator  
                      Terminal A, 3<sup>rd</sup> Floor, Administration Office  
                      Schoephoester Road, Windsor Locks, CT 06096

OR

By email to:     [rtenny@ctairports.org](mailto:rtenny@ctairports.org) with the subject line "Title VI Complaint"

### Complainant Information

Complainant Name	Email Address		
Address	City	State	Zip Code
Home Phone (include area code)	Cell Phone (include area code)		

Please check the reason(s) for which you believe you were discriminated:

- Race
- Color
- National Origin
- Creed
- Sex

Airport Service, Program, Opportunity or Activity Allegedly in Violation (attach additional pages as necessary)

Date of Incident (mm/dd/yyyy)	Location of Incident
Description of Service, Program, Opportunity, Benefit or Activity (if traveling, indicate Airline used). Please describe as fully as possible the specific facts of the incident(s) that you are reporting, and the nature of your complaint. Please submit any documentation that you may have pertaining to this complaint.	
Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other). Please provide any name(s) and position(s) of those persons who engaged in the conduct that is the subject of your complaint. If you do not know that name of the person(s), please provide a description.	
Description of Alleged Violation and Requested Remedy	
Has this complaint been filed with any other Federal, State, or Local agency or court? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			

Please attach any written materials or additional information that you feel is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date