



**Cleveland Airport System  
Department of Port Control  
Title VI Complaint Form**

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age of Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance. The Department of Transportation also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

**1. Basis of Complaint:**

**Identify the basis on which you believe the discrimination intimidation or retaliation occurred.**

- Race:** Belonging to a certain race or because of certain characteristics associated with race
- Religion:** Religious/Spiritual beliefs
- Retaliation:** Retaliation for filing a discrimination complaint or for opposing illegal discriminatory practices
- National Origin:** National birth site – may also include person’s language, accent or race
- Sex:** Male or female, masculine or feminine, gender identity and pregnancy
- Color:** Color of skin, including shade of skin within group
- Age:** Over 40

**2. Complainant Information/Your Information:**

**Complainant Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone (include area code)** \_\_\_\_\_

**Cell Phone (include area code)** \_\_\_\_\_

**Business Phone (include area code)** \_\_\_\_\_

**3. What are the most convenient time and way for us to contact you about this complaint?**



**4. Are you represented by an attorney in this matter?**

**5. Please provide information about person(s) who experienced the prohibited discrimination, intimidation or retaliation, if different from complaint filer (Attach additional sheets if necessary):**

**6. Please provide information about the person(s) who performed the alleged prohibited act(s) (Attach additional sheets if necessary):**





**10. Do you have any additional information that is relevant to the investigation of your complaint?**

**11. What remedy are you seeking?**

**12. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaint(s) with our office or another office/entity in the Department of Transportation (federal, state, local, airport, transit, highway or maritime).**

- YES
- NO

If yes, please provide the information in an attachment to this document.



**13. Signature and Date ( signature is required to process this complaint):**

\_\_\_\_\_  
PRINT NAME                      SIGNATURE                      DATE

Submit this signed and dated form or your letter containing the same information and signature and date to the address below:

**Herlinda J. Bradley**  
**Manager, Office of Compliance and Inclusion**  
**Title VI/ADA Compliance Coordinator**  
**Cleveland Airport System**  
**5300 Riverside Drive**  
**PO Box 81009**  
**Cleveland, Ohio 44181-0009**

**Or Email – [hbradley@clevelandairport.com](mailto:hbradley@clevelandairport.com)**