



CSG
COLUMBUS AIRPORT

TITLE VI COMPLAINT FORM

Name:		Date:	
Address:			
City:		State:	Zip:
Phone:	Second Phone:		
Accessible Format Requirements?	Large Print <input type="checkbox"/>	Audio <input type="checkbox"/>	Other <input type="checkbox"/>

I believe the discrimination I experienced was based on (check all that apply):

- Race Color National Origin Age
 Sex Creed Disability Other

Date of Alleged Discrimination:

Provide details on the discrimination event: (How were you discriminated against, who was involved, any additional or helpful information please provide). Include all parties that were involved in your description. Refer to page 2 in case additional space is required.

Name of Agency the complaint is against: (any information possible, title, name, location)

Names of persons (witnesses or others) who may contact us with additional information to support or clarify your complaint:

Name	Telephone	Address	Email	Comments

All compliant forms should be filled out and sent to:

Joshua Patton, Airfield & Operations Manager – Civil Rights Coordinator/Liaison
3250 W. Britt David Rd, Columbus, GA 31909 (706) 243-1416 or jpatton@flycolumbusga.com

Signature:	Date:
------------	-------

