

Title VI Complaint Form

The Salina Airport Authority has a policy and process in place for filing a Title VI complaint.

The Salina Airport Authority is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any of our programs, services, or activities on the basis of race, color, national origin, or any other characteristic protected by law. This commitment applies to all phases of our operations, including planning, development, and implementation.

Civil rights complaints must be filed with the authority in writing within 180 calendar days following the discriminatory action.

Title VI Complaint Form

Please submit this form by email to michellem@salair.org or mail to:

Michelle Moon
Salina Airport Authority
3237 Arnold
Salina KS 67401

Items with an asterisk (*) next to them are required fields to be completed. Please Print:

*Last Name: _____ *First Name: _____ M.I.: _____

*Address: _____ Apt# _____

*City: _____ *Zip Code: _____

*Daytime Phone or Cell: _____ *Email: _____

Accessible Format Requirements?

Large Print TDD Audio Tape Other _____

Are you filling the complaint on your own behalf? Yes No If yes, go to question 1 (one).

If no, please print the first and last name of person for whom you are complaining:

*Last Name: _____ *First Name: _____ M.I.: _____

* Relationship of person for whom you are complaining: _____

*Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. Yes No

*1. Date of alleged discrimination: _____(Month/Day/Year)

Time: _____ am[] pm[]

Location: _____

* 2. Check discrimination experienced:

Race [] Color [] National Origin [] Other [] _____

* 3. Have you previously filed a Title VI complaint with this entity? Yes [] No []

Please provide a narrative of the occurrence, including names, numbers and a description that would assist us in researching and conducting a formal grievance or discrimination finding. You may attach any written material or other information that you think is relevant to your complaint.

*Signature: _____

*Date: _____

INTERNAL USE ONLY |

To be completed by Compliance Officer

Date accepted for formal Investigation: _____

Action:

Date: _____