

ACAA Nondiscrimination Complaint Form

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age 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.

When to File: Complaints of discrimination, intimidation or retaliation must be filed within 180 days of the last date of the prohibited act(s).¹ If you are filing late, you may request a waiver of the 180 day filing requirement by completing Question 11.

Where to File: Allegheny County Airport Authority
Title VI Coordinator
Pittsburgh International Airport
PO BOX 12370
Pittsburgh, PA 15231

Provide information for each question, including all Attachments that relate to your complaint. Print all entries except signatures. Add additional sheets, if necessary, to explain your specific circumstances to us. You may use **Attachment A** as the format for additional sheets.

Attachments to this sample format are as follows:

- A – Sample Format for Additional Sheet(s)
- B – Complaint Procedures

TYPE OF COMPLAINT:

1. Does your complaint involve employment discrimination?

Yes ___ No ___

2. Does your complaint involve intimidation or retaliation, separate and apart from civil rights discrimination?

Yes ___ No ___

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

Race: _____
Color: _____
National Origin: _____
Creed: _____
Sex: _____
Age: _____

4. When and where did the alleged discrimination, intimidation or retaliation take place? Provide date(s), time(s) and location(s).

Earliest date: _____

Most recent date: _____

5. Explain the events that took place and why you believe you or another person was subject to a discriminating, intimidating or retaliating act(s). For example, indicate who was involved and how another person treated you differently than others.

(Attach additional sheets, if necessary. Attach a copy of written materials that support your complaint.)

6. Your Contact Information:

Your Name

Address

City, State and ZIP Code

Home E-mail Business E-mail

Telephone Home Business Cell

7. What is the most convenient time and way for us to contact you about this complaint?

8. Are you represented by an attorney in this matter? Yes ___ No ___**If yes, provide his or her contact information below:**

Name

Company

Address

City, State and ZIP Code

E-mail

Telephone Business Cell

9. Information about person(s) who experienced the prohibited discrimination, intimidation or retaliation, if different from complaint filer (Attach additional sheets, if necessary.):

Name

Address

City, State and ZIP Code

Home E-mail Business E-mail

Telephone Home Business Cell

10. If known, please Identify who performed the alleged prohibited act(s) (Attach additional pages, if necessary):

Name	Title
Company or Organization	Section, Office, or Department
Address	
City, State and ZIP Code	
Business E-mail	
Telephone Business	Cell

11. Supporting Contacts/Witnesses - List any person(s) (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary.)

Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:

12. Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary.)
