SJC SAN JOSE MINETA INTERNATIONAL AIRPORT

CITY OF SAN JOSE CAPITAL OF SILICON VALLEY

TITLE VI COMPLAINT FORM

Name:			Date:
Address:			
City:		State:	Zip:
Phone:	Second Phone:		
Accessible Format Requirements?	Large Print ☐	Audio ☐	Other ☐

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:

Magdelina Nodal Senior Analyst – Civil Rights Coordinator/Liaison

1701 Airport Blvd. Ste. B-1130, San José, CA 95110, (408) 392-3673 or MNodal@sjc.org

Signature:	Date:

Additional Details (Use this page if more space is needed than provided in the sections above)