

Please submit this form in person or via e-mail to the address below, or mail this form to:
 Jackson-Medgar Wiley Evers International Airport, P.O. Box 98109, 100 International Dr.,
 Suite 300, Jackson, MS 39298
 Telephone Number: (601) 360-8610 or Email: vchristmas@jmaa.com

Section I:

Name:

Address:

Telephone: (Home) Telephone (Work):

Email Address:

Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> TDD
	<input type="checkbox"/> Other:		

Section II:

Are you filing this complaint on your own behalf? Yes* No

If you answered "Yes" to this question, go to Section III.

If "No," please provide the information about the person(s) who experienced the prohibited discrimination, intimidation, or retaliation:

Name:

Address:

Telephone:

Please confirm that you have obtained the permission of the aggrieved third party: Yes No

Section III:

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

- Race Color Ethnicity National Origin Disability
- Age Religion Ancestry Sex/Gender
- Sexual Orientation
- Other

Date of Alleged Discrimination (Month/Day/Year): _____

Explain, as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. If more space is needed, please use the back of this form or a separate sheet of paper.

Include the name(s) and contact information of the person(s) who discriminated against you (if known).

Please list any and all witnesses' names, employers, and contact information, if applicable:

What type of corrective action would you like to see taken?

Section IV

Have you previously filed a Title VI complaint with the Airport? Yes No

