Instructions on Filing Discrimination Complaints

The Airports Authority is committed to a policy of nondiscrimination in the conduct of its business, including its Title VI responsibilities. Title VI of the Civil Rights Act of 1964 requires that no person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Any person who believes he or she has been subjected to discrimination under Title VI on the basis of race, color or national origin may file a Title VI complaint with the Airports Authority within 180 days from the date of the alleged discrimination.

The Airports Authority encourages use of the Title VI Complaint form in English or Spanish. A copy of the Title VI Complaint Form is available by calling (703) 417-8660, or by visiting [http://www.dullesmetro.com](http://www.dullesmetro.com)

Complaints filed with the Airports Authority should be addressed to:

Metropolitan Washington Airports Authority  
Department of Supplier Diversity  
1 Aviation Circle  
Washington, DC 20001-6000.

Complaints can also be filed directly to the U.S. Department of Transportation addressed to:

Federal Transit Administration  
Office of Civil Rights  
Attention: Compliant Team  
East Building, 5th Floor-TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

All complaints will be investigated promptly. Once received, the complaint will be recorded by the Airports Authority and assigned to an investigator. In instances where additional information is needed, the investigator will contact the complainant in writing. Failure of the complainant to provide the requested information by a certain date may result in the administrative closure of the complaint or a delay in complaint resolution.

Following receipt of all required information, the Department of Supplier Diversity will investigate a Title VI complaint within 90 days of receipt. The investigator will prepare a draft written response subject to review by the Airports Authority’s Equal Opportunity Programs Manager. The Department of Supplier Diversity will make the final determination and approve the final response to the complainant, including notifying the complainant of his/her right to file a complaint externally.
The Department of Supplier Diversity will use its best efforts to respond to a Title VI complaint within ninety (90) calendars days of its receipt of the complaint. Receipt of additional relevant information and/or the simultaneous filing of complaint with the Airports Authority and an external entity may expand the timing of the complaint resolution.

See Attached Complaint Form.
Metropolitan Washington Airports Authority

TITLE VI COMPLAINT FORM

The Metropolitan Washington Airports Authority is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Department of Supplier Diversity by calling (703) 417-8660. Or Email delan.johnson@mwaa.com.

The completed form must be returned to the Metropolitan Washington Airports Authority, Department of Supplier Diversity Office, 1 Aviation Circle, Washington, DC 20001

1. Complainant's name:______________________________________________

2. Address:________________________________________________________

3. City:_____________________________ State:________ Zip Code _________

4. Telephone Number(home):______________________(Cellphone):_________

5. Email: _________________________________________________________

6. Person discriminated against (if someone other than the complainant):

   Name: _______________________________________________________
   Address: ___________________________________________________
   City: ____________________ State: ____________Zip Code: ________

7. Which of the following best describes why the alleged discrimination took place?
   ___ Race
   ___ Color
   ___ National Origin (limited English proficiency)

8. What date did the alleged discrimination take place? ___________________________________

9. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes ___   No ___

11. If yes, please provide information about a contact person at the agency/court where the complaint was filed.

   _______________________________________________________________________

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

   Complainant's Signature __________________________  Date ____________________