



Cape Cod Gateway Airport Filing a Title VI Complaint

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: **The Cape Cod Gateway Airport**
 Katie Servis
 Airport Manager
 480 Barnstable Road, 2nd Floor, Hyannis, MA 02601
 Tel.: 508.775.2020 Email: kservis@flyhya.com

Additionally, you may file directly with:

Federal Aviation Administration
Office of Civil Rights
Room 1030, ACR-1
800 Independence Avenue, SW
Washington, DC 20591

This sample format is intended to assist you in filing your civil rights complaint with the **Federal Aviation Administration**. You may use this sample format or a letter with the same information.

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 – Sample Format for Information on Prior Complaint(s) Filed
- C – Notice About Investigatory Uses of Personal Information
- D – Complainant Consent/Release

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 ____

¹ See 49 CFR 21.11(b).



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3. Your Contact Information:

Your Name		
Address		
City, State and ZIP Code		
Home E-mail		Business E-mail
Telephone Home	Business	Cell

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

5. 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

6. 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



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7. 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

8. 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.)

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

Race:	<hr/>
Color:	<hr/>
National Origin:	<hr/>
Creed:	<hr/>
Sex:	<hr/>
Age:	<hr/>

10. 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:



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11. If the discrimination, intimidation or retaliation occurred more than 180 days ago, and you are requesting a waiver to file late, explain in detail why you filed after 180 days. (Attach additional sheets, if necessary.)

12. 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:

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



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14. What remedy are you seeking?

15. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaint(s) with our office or another office in the Department of Transportation?

Yes ____ No ____

If yes, provide the information in Attachment B.

16. Sign and date below. (A signature is required to process your complaint.)

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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Mail this signed sample format or your letter with the same information, to the address below.
Keep copies for your records.

**Cape Cod Gateway Airport
Katie Servis
Airport Manager
480 Barnstable Road, 2nd Floor,
Hyannis, MA 02601**

or

**Federal Aviation Administration
Office of Civil Rights
Room 1030, ACR-1
800 Independence Avenue, SW
Washington, DC 20591**

ATTACHMENT B –FORMAT FOR INFORMATION ON PRIOR COMPLAINT(S) FILED

Your Name

Date

1. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaints with our office or another office in the Department of Transportation?

Yes _____ No _____

If yes, provide the complaint number(s) _____.

2. Provide the name and telephone number of the person who investigated the complaint, if known.

3. Against what individual or organization was the prior complaint filed?

Name

Company or Organization

Address

City, State and ZIP Code

Business E-mail

Telephone Business

Date complaint filed

4. Briefly, what was the complaint about?

ATTACHMENT B –FORMAT FOR INFORMATION ON PRIOR COMPLAINT(S) FILED

5. What was the outcome of the complaint?

6. Have you (or the person who experienced discrimination, intimidation or retaliation) filed a charge or complaint concerning the matters raised in this complaint with any of the following?

☐ U.S. Equal Employment Opportunity Commission
☐ Federal or State Court
☐ State or Local Human Relations/Rights Commission
☐ Grievance or Complaint Office
☐ Airport Sponsor
☐ Other (specify)

7. If you have already filed a charge or complaint with any Agency/Court indicated above, provide the following information (attach additional pages if necessary):

Agency/Court:

Date filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Name of Person Investigating Case:

Status of Case:

Comments:

ATTACHMENT C – NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

U.S. Department of Transportation
Departmental Office of Civil Rights

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the Department of Transportation (DOT) are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

— A recipient may not force its employees to be represented by the recipient's counsel nor may a recipient intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with DOT. The representative may be the recipient's counsel, the employee's private counsel, or anyone else the interviewee authorizes to be present.

— The laws and regulations which govern DOT's compliance and enforcement authority provide that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual because he/she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing conducted under DOT's jurisdiction, or has asserted rights protected by statutes DOT enforces.

— Information obtained from the complainant or other individual which is maintained in DOT's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if release of such information would constitute an unwarranted invasion of personal privacy.

There are two laws governing personal information submitted to any Federal agency, including DOT: The Privacy Act of 1974 (5 U.S.C. § 552a) and the Freedom of Information Act (5 U.S.C. § 552).

THE PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and that can be located by the individual's name or social security number or other personal identification system. Persons who submit information to the government should know that:

— DOT is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and, in some instances, religion against recipients of Federal financial assistance. DOT also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.

ATTACHMENT C – NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

— Information that DOT collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. DOT staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. DOT also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act. (See below)

— Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in DOT's regulation at 49 CFR Part 10, DOT will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act. (See below)

— No law requires a complainant to give personal information to DOT, and no sanctions will be imposed on complainants or other individuals who deny DOT's request. However, if DOT fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

— The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of DOT to exercise authority to exempt systems of records only in compelling cases. DOT may deny a complainant access to the files compiled during the agency investigation of

his or her civil rights complaint against a recipient of Federal financial assistance. Complaint files are exempt in order to aid negotiations between recipients and DOT in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

— DOT does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a recipient that violates the laws, or unless such information is required to be disclosed under the Freedom of Information Act (FOIA) or the Privacy Act. DOT will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under FOIA, the Privacy Act, or otherwise required by law.

THE FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of records of the Government—not just materials that apply to them personally. DOT must honor requests under the Freedom of Information Act, with some exceptions. DOT generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an “unwarranted invasion of privacy” of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a “clearly unwarranted invasion of privacy.”

ATTACHMENT D – COMPLAINANT CONSENT/RELEASE

U.S. Department of Transportation
Departmental Office of Civil Rights

COMPLAINANT CONSENT/RELEASE

Your Name

Address

City, State and ZIP Code

Complaint number(s) (if known)

Please read the information below, check the appropriate box and sign this page.

I have read the Notice about Investigatory Uses of Personal Information by the Department of Transportation (DOT). As a complainant, I understand that in the course of an investigation it may become necessary for DOT to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOT to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOT to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOT's regulations from intimidation or retaliation for taking action or participating in action to secure rights protected by nondiscrimination statutes enforced by DOT. A complainant's lack of consent does not necessarily prevent investigation of the complaint.

CONSENT/RELEASE

☐ **CONSENT** – I have read and understand the above information and authorize DOT to reveal my identity to persons at the organization or institution under investigation. I hereby authorize DOT to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

☐ **CONSENT DENIED** – I have read and understand the above information and do not want DOT to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Acknowledgment by signature is required.

PRINT NAME

SIGNATURE

DATE

