



Title VI Complaint Form

Purpose: Use this form to file a complaint if you believe St. Louis Lambert International Airport has not provided adequate access to services, programs, opportunities or activities. Use this form to file a complaint if you are a Limited English Proficient Individual and you believe St. Louis Lambert International Airport did not provide adequate language assistance with respect to a service, benefit, or encounter.

Instructions: Complete this form, print it, sign it, and mail, fax or email to:

St. Louis Lambert International Airport
Attn: Title VI Coordinator STL
St. Louis Lambert International Airport
P.O. Box 10212
St. Louis, MO. 63145
Fax: 314-426-8003
E-mail: srdressel@flystl.com

Complainant Information

Complainant Name: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone (include area code): _____

Business Phone (included area code): _____

Person (other than Complainant) Alleging A Title VI Violation Complainant

Name: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone (include area code): _____

Business Phone (included area code): _____

Airport Services, Program, Opportunity or Activity Allegedly in Violation

Date Alleged Violation Occurred (mm/dd/yyyy): _____

Location: _____

Which of the following best describes the reason you believe the Violation took place?

Was it because of your:

Race

Religion/Creed

Age

Color

Disability

Gender (including
sexual orientation

National Origin (including limited English proficiency)

and gender identity)

Description of Services Program, Opportunity or Activity used (if traveling, indicate Airline):

Description of Service, Benefit or Encounter (Limited English Proficiency only):

Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other):

Description of Alleged Violation and Requested Remedy:

Has this case been filed with the Department of Justice or other government agency or court?

Yes

No

If You Answered "Yes" to the Previous Question, Complete the Following:

Agency or Court Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone (include area code): _____

Date Filed (mm/dd/yyyy): _____

Other Comments:

Signature: _____ **Date:** _____

A copy of this complaint will be forwarded to:

Federal Aviation Administration, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F,
HHH Building, Washington D.C. 20201