



5225 West Broadway | Missoula, MT 59808
www.flymissoula.com | 406-728-4381

TITLE VI COMPLAINT FORM

The Missoula County Airport 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, national origin, sex, creed, or age, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days of 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 Lynn Fagan, the Title VI Coordinator, at lfagan@flymissoula.com or (406) 532-8640.

The completed form can be submitted in person, emailed to lfagan@flymissoula.com, or by mail to:

Missoula County Airport Authority
5225 Highway 10 West Missoula, MT 59808
ATTN Title VI Coordinator

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number: _____

5. Email: _____

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

a. Name: _____

b. Address: _____

c. City: _____ State: _____ Zip Code: _____

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

8. Are you represented by an attorney in this matter? Yes ___ No ___

If yes, provide contact information below:

Attorney Name and Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

9. Basis of Complaint (check all that apply):

___ Race/Color ___ Nat'l Origin ___ Sex ___ Creed ___ Age



10. Date and time of alleged discrimination:

11. Please describe as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back side of this form or a separate piece of paper.

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

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

14. What remedy are you seeking?

15. Please sign below. You may attach any other materials that you believe may be relevant to your complaint.

Complainant's Signature

Date