Missoula
MONTANA AIRPORT

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 completed form can be submitted in person, emailed to jdavis@flymissoula.com, or by mail to:
Missoula County Airport Authority
Attn: ADA Coordinator
5225 Highway 10 West
Missoula, MT 59808

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Juniper Davis, the Title VI Coordinator, at jdavis@flymissoula.com or (406) 728-4381.

Complainant's Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____)_____Email: _____

Person discriminated against (if other than complainant):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____)_____Email: _____

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: _____

Basis of Complaint (check all that apply):

Race/Color: _____ Nat'l Origin: _____ Sex: _____ Creed: _____ Age: _____

Date Incident: _____ Location of Incident: _____

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.

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes_____ No_____

If you answered "Yes" to the previous question, Complete the Following:
Agency/Court: _____ Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (_____)_____Date Filed: _____

What remedy are you seeking?

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

Signature: _____ Date: _____