



Civil Rights Complaint Form – Title VI and ADA

The Sioux Falls Regional Airport Authority is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of its services based on:

- Race, color, national origin, sex, age or creed as protected by Title VI of the Civil Rights Act of 1964 ("Title VI") and related laws and regulations.
- Disability as protected by Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973.

If you believe you have been discriminated against on the basis of the aforementioned legislation, please complete the form on the following page and return it via mail or email to the addresses noted below.

Should you or someone you know require assistance in completing this form, assistance is available upon request. Please call 605-336-0762 or write to the address noted below.

Sioux Falls Regional Airport Authority
2801 N. Jaycee Ln.
Sioux Falls, SD 57104

airport@sfairport.com

Complaints must be filed within 180 days following the date of the alleged discrimination. Complaints received later than 180 days may be dismissed as untimely.

Sioux Falls Regional Airport Authority

Civil Rights Complaint Form – Title VI and ADA

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Person(s) discriminated against (if other than complainant):

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

What is the discrimination based on?

- ☐ Race
- ☐ National Origin
- ☐ Sex
- ☐ Disability
- ☐ Income Status
- ☐ Limited English Proficiency
- ☐ Age
- ☐ Color
- ☐ Creed

Date of the alleged discrimination: _____ Location: _____

Agency, company, or person that was responsible for alleged discrimination:

Describe the alleged discrimination. Explain what happened and whom you believe was responsible. Additional sheets of paper may be attached to this form if needed.

List names and contact information of person(s) who may have knowledge of the alleged discrimination:

What remedy are you seeking?

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

Sign and date below. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that you believe is relevant to your complaint.

Signature

Date