Jackson County Airport Authority
Rogue Valley International – Medford Airport

Title VI Complaint Form

Notice: If you are unable to use this complaint form, please contact Jackson County Airport Authority Administration Office at (541) 776-7222.

Complaint forms must be filed within 180 days of the alleged discrimination to:

Traci Carrier, Title VI Coordinator
Rogue Valley International-Medford Airport (MFR)
1000 Terminal Loop Parkway, Suite 201
Medford, Oregon 97504
CarrieCD@jacksoncountyor.gov

INFORMATION ABOUT THE COMPLAINANT

Name: _____ Date: _____
(Please Print First and Last Name)

Address: _____

City/State/Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

Designated Person to contact if you cannot be reached:

Name: _____ Phone: _____

Relationship: _____

INFORMATION ABOUT THE COMPLAINT:

Date(s) of alleged discriminatory act(s): _____

Basis of Complaint: (e.g. race, color, national origin, age, disability, etc.): _____

Person Discriminated against (if different from complainant)

Name of Person: _____

Address: _____

City/State/Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

Please explain 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). (Attach additional documentation if needed):

_____
_____
_____
_____
_____
_____
_____
_____
_____

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Title VI Complaint Form (Cont.)

List Names and contact information of persons who may have knowledge of the alleged discrimination:

_____

_____

Have you filed this complaint with any other Federal, State or Local Agency, or with any Federal or State Court? If so, please complete the following:

Agency or Court: _____ Date Filed _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

Other Comments:

_____

_____

Please indicate a suggested remedy you propose to resolve the issue raised by the complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Completed by: _____

(Complainant Signature or Signature of Complainant's Representative)

ROUTING AND PROCESSING (OFFICE USE ONLY)

Complaint submitted: _In Person _USPS Mail _Email _Online

Complain Form Received by: _____ Date: _____

(Print Name)