



**New Orleans Aviation Board  
New Orleans International Airport (MSY)  
Title VI Complaint Grievance Form**

**Please, submit this form in person or via e-mail at the address below, or mail this form to:**  
Louis Armstrong New Orleans International Airport, Philistine Ferrand, DBE Liaison Officer, P.O. Box 20007, New Orleans, Louisiana 70141  
Telephone Number: (504) 303-7610, Fax Number: (504) 303-7614, Email: philisti@flymsy.com

**Section I:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements?     Large Print     Audio Tape     TDD  
 Other: \_\_\_\_\_

**Section II:**

Are you filing this complaint on your own behalf?     Yes\*     No  
*\*If you answered "Yes" to this question, go to Section III.*

If "No," please supply the name and relationship of the person for whom you are complaining:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you have filed for a third party:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please, confirm that you have obtained the permission of the aggrieved, third party:     Yes     No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):  
 Race     Color     Ethnicity     National Origin     Disability     Age     Religion  
 Ancestry     Sex/Gender     Gender Identity     Sexual Orientation  
 Other: \_\_\_\_\_



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Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_

Explain, as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. If more space is needed, please use the back of this form or a separate sheet of paper.

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Include the name(s) and contact information of the person(s) who discriminated against you (if known).

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Please list any and all witnesses' names, employers and contact information, if applicable:

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What type of corrective action would you like to see taken?

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**Section IV**

Have you previously filed a Title VI complaint with the Airport?  Yes  No



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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  Yes  No

If "Yes," check all that apply:

<input type="checkbox"/> Federal Agency: _____
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____

Please, provide information about a contact person at the agency/court where the complaint was filed.

Name	Title	Agency	Address	Telephone

**Section VI**

Please, list any person(s) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary.)

Name	Address	City, State ZIP	Telephone	E-Mail

**Section VII:**

Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required, below:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date