

Operated by COOS COUNTY AIRPORT DISTRICT

Coos County Airport District (CCAD) dba Southwest Oregon Regional Airport Title VI Complaint Form

Instructions: Please complete this form to file a complaint under Title VI of the Civil Rights Act of 1964. This form can be filled out electronically or printed and completed by hand. All fields are required unless otherwise indicated.

Once completed, submit the form to:

Coos County Airport District Southwest Oregon Regional Airport 1100 Airport Lane North Bend, OR 97459

Phone: (541) 756-8351 Email: info@flyoth.com

1. Complainant Information

•	Name:			
•	Mailing Address:			
•	City, State, ZIP Code:			
•	Phone Number:			
•	Email Address:			
2. Person Discriminated Against				
•	Name:			
•	Mailing Address:			
•	City, State, ZIP Code:			
•	Phone Number:			
•	Email Address:			
(If different from complainant)				
3. Incident Details				
•	Date of Incident:			

(Provide a detailed description of the alleged discriminatory act. Include who was involved, what happened, and any other relevant details.)

• Location of Incident: Southwest Oregon Regional Airport (OTH) or specify another location if

applicable._____

Description of Incident:



Date:

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4.	Basis	of (Com	olaint

Race
• Color
National Origin
Other (please specify):
5. Witness Information
(If applicable, list any witnesses who were present during the incident and their contact information.)
Witness 1 Name:
Phone Number:
Email Address:
Mailing Address:
(Repeat for additional witnesses as needed.)
6. Previous Complaints
 Have you filed this complaint with any other agency or organization?
∘ Yes
o No
(If yes, please provide the name and contact information of the agency or organization.)
Name of Agency/Organization:
Contact Information:
7. Additional Information
What remedy are you seeking?
8. Certification and Signature
By signing below, I certify that the information provided in this complaint form is true and correct to the bound of my knowledge.
Signature: