



## TITLE VI COMPLAINT FORM

The Erie Regional Airport Authority (ERAA) is committed to meeting its Title VI obligations at Erie International Airport by its employees, tenants, concessionaires and contractors. If you feel that you have been discriminated against, please document your complaint by completing this form and submitting it to:

Kimberlie Scharrer, ADA/Title VI Coordinator  
 Erie Regional Airport Authority  
 4411 West 12th Street  
 Erie, PA 16505  
[kscharrer@erieairport.org](mailto:kscharrer@erieairport.org)  
 (814) 833-4258

Complaint forms can be submitted via email, mail, in person at ERAA's Administrative Offices, 4411 West 12th Street, Erie, PA during normal business hours.

<b>Section I: Complainant Information</b>	
Complainant Name:	
Address (City, State & Zip Code):	
Telephone (include area code):	Secondary Phone:
Email Address:	
Accessible Format Requirements? <span style="margin-left: 100px;">Large Print <input type="checkbox"/></span> <span style="margin-left: 50px;">Audio <input type="checkbox"/></span> <span style="margin-left: 50px;">TDD <input type="checkbox"/></span> Other:	
<b>Section II: Person (other than Complainant) Alleging Discrimination</b>	
Are you filing this complaint on your own behalf? <span style="float: right;">YES* <input type="checkbox"/></span> <span style="float: right;">NO <input type="checkbox"/></span>	
*If you answered "Yes" to this question, go to Section III	
If "No", what is the name of the person for whom you are filing this complaint?	
Name:	
What is your relationship with this individual?	
Please explain why you have filed for a third party:	
Please confirm that you have obtained permission of the aggrieved party to file on their behalf <div style="text-align: center;">             YES <input type="checkbox"/> <span style="margin-left: 100px;">NO <input type="checkbox"/></span> </div>	

**Section III: Discrimination Basis / Timeframe / Allegation**

I believe the discrimination I experienced was based on (check all that apply)  
 Race  Color  National Origin  Age  Sex   
 Creed  Other:

Date of alleged discrimination: (Month/Day/Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) 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.

**Section IV: Previous Complaint**

Have you previously filed a Title VI complaint with the airport? YES  NO

**Section V: Previous Agency Complaint**

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:  
 Federal Agency  State Agency  Local Agency   
 Federal Court  State Court

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

Name:	
Title:	
Agency:	
Address:	
Telephone (include area code):	
Email:	

Please attach any written materials or additional information that you feel is relevant to your complaint.

Signature and date required below:

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Signature

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Date