Title IV/DBE Complaint Form

Mammoth Yosemite Airport

Date:

Section 1

Name:

Phone:

Address:

Email:

Section 2

Are you filing this complaint on your own behalf? **Yes** ☐ **No** ☐ **If NO continue to section 3**

If you answered "NO", provide the name and relationship of the person submitting this for you:

Name

Relationship

Please explain the reason you are completing this form for the complaint:

Have you received permission from the complainant to submit on their behalf? **Yes** ☐ **No** ☐

Section 3

Who do you believe discriminated against you?

Name of Person

Phone Number

Title/Position

Organization

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)

Section 4

I believe I have experienced discrimination based upon the following

Color	☐	**Age**	☐	**Gender**	☐	**Language Proficiency**	☐
Creed	☐	**National Orgin**	☐	**Race**	☐	**Religion**	☐

Date of Discriminatory Act	**Time**	**Location**

Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of all persons involved person(s) involved, including the offending party/parties and witnesses. Include as much detail as possible. Please attach any additional written explanation and/or supporting documentation to this complaint

I affirm that I have read the above claim and it is true to the best of my knowledge

Complainant's Signature

Date

Received By

Received Date

Department

Completed forms can be emailed or mailed to:
Attention: ADA Coordinator
Email: Swaugh@townofmammothlakes.ca.gov
Phone: 760-965-3654
Address: 1300 Airport Road
Mammoth Lakes, CA 93546