

Title VI Complaint Form

The **A.B. WON PAT INTERNATIONAL AIRPORT AUTHORITY, GUAM (GIAA)** is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. § 47123 prohibits recipients of U.S. Department of Transportation financial assistance from engaging in discrimination based on sex or creed. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator.

Complete this form, print it, sign it, and mail, or email to:

| By mail to: | A.B. WON PAT INTERNATIONAL | AIRPORT AUTHORITY, | GUAM (GIAA) |
|-------------|----------------------------|---------------------------|--------------------|
|-------------|----------------------------|---------------------------|--------------------|

Attn: Marlene T. Pinaula

National Origin

Creed

Title VI Coordinator

P.O. Box 8770

Tamuning, Guam 96911

Or

By email to:marlene.pinaula@guamairport.net/cherylb@guamairport.net

Complainant Information

| Complainant Name | Email Address | | |
|--|------------------------------------|---------|----------|
| Address | City | State | Zip Code |
| Home Phone (include area code) | Business Phone (include area code) | | |
| Please check the reason(s) for which you | ı believe you were discrim | inated: | |
| Race | | | |
| Color | | | |

Airport Service, Program, Opportunity or Activity Allegedly in Violation

| Description of Service, Program, Opportun | ity, Benefit or Activity (if traveling, inc | dicate Airline used) | |
|---|---|----------------------|-------------|
| | | | |
| | | | |
| | | | |
| Description of Alleged Violator (Airport, T | enant, Concessionaire, Contractor, Oth | er) | |
| | | | |
| Description of Alleged Violation and Requ | ested Remedy | | |
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| Has this case been filed with the Departmen | nt of Justice or other government agenc | y or court? | |
| | | | |
| | | | |
| If You Answered "Yes" t | to the Previous Question, Com | plete the Followir | ıg |
| Agency or Court | , | | |
| Contact Person | | | |
| Contact Person | | | |
| N S S | T and | Tall | T == : == . |
| Address | City | State | Zip Code |
| | | | |
| Phone (include area code) | Date Filed (mm/dd/yy | ууу) | 75 |
| | | | |
| Other Comments | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature | | | |
| Date | | | |
| Date | | | |