

## **Title VI Complaint Form (For FAA-Funded/Airport Programs - External)**

Any person who believes he or she has been subjected to discrimination on the basis of race, creed, color, gender or national origin in any FAA-funded program or activity administered by the Hawaii Department of Transportation (HDOT) has the right to file a complaint.

Complaints must be filed within one hundred eighty (180) days following the date of the alleged incident, must be in writing, and must be delivered to the Office of Civil Rights, 869 Punchbowl St, Honolulu, HI 96813.

To submit your complaint, or if you have any questions or concerns, please reach out to:

Kawika Pogram  
Title VI Coordinator  
869 Punchbowl St.  
Honolulu, Hawaii, 96813  
Phone: (808) 831-7915  
Email: HDOT-TITLEVI@hawaii.gov

Submitting a written complaint to the HDOT Office of Civil Rights does not deny or limit the right of a complainant to file a complaint with a different appropriate agency, such as the U.S. Department of Transportation or the Federal Aviation Administration (FAA), or to obtain private legal counsel regarding discrimination.

If you do not have enough space to detail your complaint below, please attach additional pages detailing the complaint to the fullest extent possible. Please provide any and all additional documentation that is relevant to the complaint.

## State of Hawaii Department of Transportation

### Complaint of Discrimination for FAA-Funded Programs (External)

Complainant(s) Name: \_\_\_\_\_ Complainant(s) Phone Number: \_\_\_\_\_

Complainant(s) Address: \_\_\_\_\_

Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.) (*if applicable*):  
\_\_\_\_\_

Name and Address of Agency Complaint is Against (e.g. employee(s), contractor(s), concessionaire(s), lessee(s), tenant(s), etc.):  
\_\_\_\_\_

Contact Person at Agency, Business or Other (Name, Title, Telephone Number):  
\_\_\_\_\_

Discrimination Based on:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Creed <input type="checkbox"/> Other	Date(s) of Alleged Discrimination:
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Please list the name(s) and phone number(s) of any person, if known, that the Hawaii Department of Transportation could contact for additional information to support or clarify your allegation(s).

Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.

Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature:
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