



Public Complaint Form / Discrimination Complaint Form
Against an Airport Employee

Human Resources Division
7301 World Way West, 5th Floor Los Angeles, CA 90045
Telephone (424) 646-5900 • Fax (424) 646-9399

Instructions: Please fill out this form and mail, fax, or bring it to the Los Angeles World Airports (LAWA) Human Resources Division. If you would like assistance, please contact the EEO Coordinator.

Title VI of the 1964 Civil Rights Act States: "No person in the United States shall, on the ground of race, color, sex, creed, disability, or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance.

Please type or print in black or dark blue ink.

Form with fields: Today's Date, Last Name, First, Middle Initial, Mobile Telephone No., Mailing Address, City, Zip Code, Alternate Telephone No., E-mail Address, What is the best time to call?

Have you filed a complaint about this problem before with another federal, state, or local agency; or with a federal or state court? [] Yes [] No

If yes, with whom? [] LAWA EMPLOYEE [] ODCR [] DFEH [] EEOC [] Other If other, please give name:

When?

Person you spoke with: Contact information:

If you have filed a complaint about this problem before, please tell us what happened?

Date of Incident:

Name of person who you wish to complain about, company they work for, and any contact information obtained:

Supervisor's name and contact information (if obtained):

In the space below, please describe the actions or events you are complaining about. Wherever possible, supply the names of people involved and any possible witnesses, as well as the dates in chronological order and locations of the events. Use an additional sheet, if necessary and print and sign your name in the upper right hand corner of all attachments.

Are there any witnesses? Yes No

Witness Information:

Last Name	First	Middle Initial	Mobile Telephone No. () -
Mailing Address	City	Zip Code	Alternate Telephone No. () -
E-mail Address		What is the best time to call?	

FOR DISCRIMINATION COMPLAINTS ONLY

Please check the box or boxes below which best describe the type of discrimination you are reporting. Provide details where indicated.

<input type="checkbox"/> Disability (actual or perceived)	<input type="checkbox"/> National Origin (specify):	<input type="checkbox"/> Color (specify):	<input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Age	<input type="checkbox"/> English Only	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Race/Ethnicity (specify):	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Ancestry (specify):	<input type="checkbox"/> Medical Condition:	<input type="checkbox"/> Religion	<input type="checkbox"/> Other

Retaliation for having filed or served as a witness in a discrimination complaint or otherwise opposing discrimination.

Please indicate your race, ethnicity, or national origin:

Your Gender: M F

Please check the box or boxes (all that apply) best describing the type of action that led to this complaint:

<input type="checkbox"/> Harassment	<input type="checkbox"/> Use of Facility	<input type="checkbox"/> Service
<input type="checkbox"/> Refusal of Service	<input type="checkbox"/> Comment	<input type="checkbox"/> Sexual Comment
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Employment Issue, e.g., leave of absence/Denial of Leave

Other (Please explain):

What remedy do you suggest for this complaint?

Please print your name:	Signature:	Date:
-------------------------	------------	-------

For Human Resources Division Only		Comments:
Date Received: Reviewed by:	Case Number: _____ ρ Response Letter Sent: _____	