



**OGDENSBURG BRIDGE & PORT AUTHORITY**

**Title VI  
Complaint Form**

**Purpose:** Use this form to file a complaint if you believe Ogdensburg International Airport (OGS) or the Ogdensburg Bridge & Port Authority has not provided adequate access to services, programs, opportunities, or activities based on race, color, national origin, age, sex, creed, or religion.

**Instructions:** Complete this form, sign it, and mail, email, or fax it to:

Ogdensburg International Airport  
Attn: Charlie Garrelts, Title VI Coordinator  
1 Bridge Plaza  
Ogdensburg, NY 13669  
[cgarrelts@ogdensport.com](mailto:cgarrelts@ogdensport.com)  
Telephone: (315) 315-869-2676 Fax: (315) 393-7068

**Complainant Information**

|                          |                    |                    |             |
|--------------------------|--------------------|--------------------|-------------|
| <b>Complainant Name:</b> |                    |                    |             |
| <b>Address:</b>          | <b>City:</b>       | <b>State:</b>      | <b>Zip:</b> |
| <b>Home Phone:</b>       | <b>Work Phone:</b> | <b>Cell Phone:</b> |             |

**Person (other than Complainant) Alleging a Title VI Violation**

|                          |                    |                    |             |
|--------------------------|--------------------|--------------------|-------------|
| <b>Complainant Name:</b> |                    |                    |             |
| <b>Address:</b>          | <b>City:</b>       | <b>State:</b>      | <b>Zip:</b> |
| <b>Home Phone:</b>       | <b>Work Phone:</b> | <b>Cell Phone:</b> |             |

**Airport Service, Program, Facility Allegedly in Violation**

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| <b>Date Alleged Violation Occurred (dd/mm/yyyy):</b>  |                               |                                |  |
| <b>Type of Discrimination Alleged:</b>  | <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
|   | <input type="checkbox"/> Age  | <input type="checkbox"/> Sex   | <input type="checkbox"/> Religion/Creed  |
| <b>Description of Alleged Violator (Airport, Tenant, Concessionaire, Contractor, Other):</b>  |                               |                                |  |
| <b>Has this complaint been filed with the Federal Aviation Administration or any other governmental agency or court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                |  |
| <b>If you answered yes, name the Agency or Court:</b>   |                               |                                |  |
| <b>Contact Person:</b>  |                               |                                |  |
| <b>Address:</b>   | <b>City:</b>                  | <b>State:</b>                  | <b>Zip:</b>                              |
| <b>Phone:</b>   | <b>Date Filed:</b>            |                                |  |



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Please describe the complaint of alleged violation, using as many details as possible, including the description of services, program, opportunity or activity, and your requested remedy. Attach all relevant documents and use extra paper if necessary:

[Large empty rectangular box for describing the complaint]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** The Ogdensburg International Airport is obligated to comply with both State and Federal Freedom of Information Acts, which may result in disclosure of the information provided in this complaint. Furnishing of the requested information above is voluntary, except that the failure to provide such information may result in the Authority being unable to process your complaint.

A copy of this complaint will be forwarded to the Federal Aviation Administration, Office of Civil Rights.

**For Office Use Only:**

|                             |  |                          |  |
|-----------------------------|--|--------------------------|--|
| Initial Complaint Received: |  | Appeal Request Received: |  |
| NCI Sent to Complainant:    |  | Appeal Response Sent:    |  |
| Final Response Sent:        |  |                          |  |