

**KANSAS CITY AVIATION DEPARTMENT  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
COMPLAINT AND PROCEDURES**

It is the intent of the Kansas City Aviation Department (MCI) to provide services to all customers without regard to any persons' race, color, national origin, age, sex, creed or disability in public services and employment opportunities. Oversight of complaint activities is the responsibilities of MCI's Title VI Coordinator:

**Ian Redhead, Title VI Coordinator  
Kansas City Aviation Department  
601 Brasilia Avenue  
Kansas City, Missouri 64153  
816 243-3100  
[ian.redhead@kcmo.org](mailto:ian.redhead@kcmo.org)**

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity related to the Kansas City Aviation Department (MCI).

Individuals are not required by federal regulation to use this complaint procedure, but may file complaints directly with an appropriate enforcement agency, including the Federal Aviation Administration at their address below. Under MCI's complaint procedure, anyone who wishes to file a complaint alleging a violation of the Title VI of the Civil Rights Act of 1964 has the right to file a complaint. These procedures are part of an administrative process.

**Federal Aviation Administration  
Office of Civil Rights, ACR-1  
800 Independence Avenue, S.W.  
Washington, D.C. 20591**

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal meetings between the affected parties and appropriate parties may be utilized for resolution, at any stage of the process. The Title VI Coordinator will make every effort to pursue a resolution of the complaint, including interviewing the complainant and the respondent. Federal regulations on unlawful discrimination are available for review in the Aviation Department's office at 601 Brasilia Avenue.

## Complaint Procedure

**Step 1:** The complainant should contact the MCI'S Title VI Coordinator listed above, and have the following information available: the name, address, phone number, and signature of the complainant; and as much information as possible regarding the complaint or alleged unlawful discrimination, including the location, date, a description of the alleged unlawful discrimination, identity of the parties involved, any witnesses, and suggested corrective action. If the complaint is initially made by phone, it must be supplemented with a written complaint. Upon request, MCI will make available tape recorders and/or assistance for persons with visual or motor impairments, and TDDS and/or Qualified Sign Language Interpreters for deaf or hearing- impaired persons as necessary for filing a complaint.

The complaint needs to be submitted within 180 days after the alleged unlawful discrimination.

**Step 2:** MCI's Coordinator will conduct a preliminary investigation of the complaint within seven (7) calendar days of receipt. Within fifteen (15) calendar days of receipt, MCI's Coordinator will forward to the FAA Regional Office a copy of the written complaint, together with a statement describing all actions taken to resolve the matter and the results thereof.

The Coordinator will attempt to discuss the issues with the complainant and the alleged discriminating party, and will attempt to resolve the complaint informally. If the Coordinator determines further investigation is warranted, the Coordinator may meet with the complainant to discuss the matter and possible resolution. If the matter is not resolved informally, the Coordinator shall respond with a final written response, within forty-five (45) calendar days after the complaint has been received. When requested, the final response will be provided in a format accessible to the complainant.

**Step 3:** If the Coordinator's final response does not satisfactorily resolve the matter, the complainant may appeal it, in writing, to the Aviation Director of the Kansas City International Airport, 601 Brasilia Avenue, Kansas City, Missouri 64153.

The complainant shall file the appeal, including a detailed description of its basis, not later than thirty (30) days after receipt of the Coordinator's final response. MCI's Aviation Director (or designee) will review the matter, may attempt to contact the complainant to discuss the matter, and shall respond, with a final resolution of the complaint, within forty-five (45) business days of the receipt of the appeal. The decision of the appeal shall constitute MCI final resolution of the matter.



## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, national origin, age, sex, creed or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainant's Name \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Telephone Number (home) \_\_\_\_\_ business \_\_\_\_\_  
Cell \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
6. Which of the following best describes the reason you believe the Discrimination took place? Was it because of your: (circle reason)  
a. Race/Color                      c. Age  
b. National Origin                d. Disability  
e. Religion                          f. Gender
7. What date did the alleged discrimination take place and the location?  
Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes                      No  
If yes, circle all that apply:  
Federal Agency              Federal Court                      State Agency  
State court                  Local Agency



9. Please provide information about a contact person at the agency/court where  
The complaint was filed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you  
think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature      Date

