## Exhibit 1

## Title VI Complaint Form

Sacramento County Department of Airports is committed to ensuring that no person is excluded from the participation in or denied the benefits of its service on the basis of race, color, national origin, age, sex, creed, disability, or any other federally protected category as provided by the Title VI of the Civil Rights Act of 1964, as amended. Title VI Complaints must be filed within 180 days from the alleged discrimination.

Thank you for informing the Sacramento County Department of Airports of the situation that you encountered. The Department takes Discrimination very serious and does not tolerate such behavior.

The following information is necessary to process and investigate your reporting:

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Section I, Complainant:			
Name:			
US Mailing Address:			
Street Address:			
City:	_State:	Zip Code:	
Telephone:	Alternative Telephone:		
Electronic Mail (email) Address:			
Accessible format(s) Requirements? Large Print Audio Tape TDD			
Section II:			
Are you filing this complaint on your own behalf?  ☐ Yes* if you answered "yes" to this question, go to Section III  ☐ No			
If not places cumply the name a	nd relationship of the no	rson for whom you are complaining:	
Name:		Relationship:	
Please explain why you have filed for a third party:			
Confirm you have obtained permission by the aggrieved party to file on their behalf Yes No			
Section III:			
I believe the discrimination I experienced was based on (check the appropriate box below):			
☐ Race; ☐ Color; ☐ National Origin; ☐ Gender (23 USC 324);			
$\square$ Creed; $\square$ Age (Age Discriminate Act of 1975); $\square$ Disability (Rehab. Act 1973 section 504)			
Date of Alleged Discrimination (Month, Day, Year):			

Explain clearly what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
Section IV		
Have you previously filed a Title VI complaint with this agency? $\Box$ Yes $\Box$ No When:		
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Check one: $\Box$ Yes $\Box$ No		
If yes, check all that apply: ☐ Federal Agency; ☐ Federal Court; ☐ State Agency; ☐ State Court; ☐ Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed.  Additional sheets can be provided, as needed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
What remedy, or action, is being sought for the alleged discrimination?		
You may attach any written materials or other information that you think is relevant to your complaint. Was additional information attached to the complaint form? If yes, please list the items below.  1. 2.		
Signature <u>must</u> be provided by Complainant or 3 <sup>rd</sup> party filling representative.		
Complainant or third party representative Date		
MAIL FORM AND DOCUMENTATION TO:		

Title VI Program Coordinator C/o Katherine Sutton 6900 Airport Boulevard, West Sacramento, CA 95837

To schedule accommodations in completing this form please contact the Title VI Coordinator at (916) 874-0006.