



City and Borough of Sitka

Title IV Complaint Form (Discrimination against Programs or activities)

Name <i>(please print)</i>	Residential Address
Phone/Cell Number	Mailing Address
Work Number	Email address

DISCRIMINATION INFORMATION

Were you discriminated because of:			
<i>Race</i>	<i>Origin</i>	<i>Color</i>	<i>Other (specify)</i> _____
<i>Date of alleged incident:</i> _____		<i>Location of alleged incident:</i> _____	

Explain as clearly as possible what happened and why you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form:

ADDITIONAL INFORMATION

1. Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court? Yes No

2. If Yes, please provide information regarding who to contact regarding this complaint:

Name of Agency _____

Contact person: _____ Phone: _____

Address: _____

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

I certify that the information contained in this Title IV Complaint is true and accurate to the best of my knowledge and belief.

Dated at Sitka, Alaska, on this day of , 20 .

Signed:

This form may be mailed to: Public Works Department City and Borough of Sitka 100 Lincoln Street Sitka, AK 99835