



Alaska Department of Transportation & Public Facilities Civil Rights Office

Title VI & ADA Discrimination Complaint Form

The Alaska Department of Transportation and Public Facilities and its sub-recipients take complaints on the basis of discrimination very seriously. If you feel you have been discriminated against, please fill out this Discrimination Complaint Form.

Anonymous complaints will not be accepted. Accommodations will be provided for people with disabilities or Limited English Proficiencies. Translation/Interpreter fees will be paid by the AKDOT&PF. You must file your complaint within 180 days of the alleged discriminatory incident.

Please provide the following information as accurately and completely as possible and sign and date. Use additional sheets as necessary

BASIS of COMPLAINT

Basis of complaint – check all that apply

<input type="checkbox"/>	Race	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Color	<input type="checkbox"/>	Creed
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	
<input type="checkbox"/>	Disability	<input type="checkbox"/>	
<input type="checkbox"/>	Age	<input type="checkbox"/>	

COMPLAINANT INFORMATION

Please provide the following:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Other: _____



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ENTITY FILING A COMPLAINT WITH

Please Check		
AMHS (Marine Highway System)	<i>Which Ferry:</i>	
Transit Provider	<i>Which Provider</i>	
ADOT&PF Facility	<i>Which Facility:</i>	
Airport	<i>Which Entity:</i>	
DOT&PF Department	<i>Please Specify:</i>	

NARRATIVE

Please explain in much detail possible how you were discriminated against. Include all relevant names and dates. *Use additional sheets of paper if necessary.*

How can this/these issue(s) be resolved to your satisfaction?



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Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, etc.).

Has this complaint been filed with any other agencies? If so, whom and when?

I have been advised that I have the right to remain anonymous while corresponding with the Alaska Department of Transportation and Public Facilities (ADOT&PF) Civil Rights Office. I understand that as a result of completing this questionnaire, I am initiating a formal complaint process where my identity may be revealed to responsible parties as a part of the investigation process.

Print Name (Complainant)

Date

Signature

You can submit your complaint via:

MAIL

DOT&PF Civil Rights Office
Attention: Title VI / ADA Program Manager
P.O. Box 196900
ANCHORAGE, AK 99519-6900

EMAIL dot.titleVI@alaska.gov

PHONE / FAX

STATEWIDE TOLL-FREE NO. (800) 770-6236

PHONE (907) 269-0851

FAX (907) 269-0847

TDD (907)269-0473 Communications Contact Alaska Relay 711