



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 based on discrimination very seriously. If you feel you have been discriminated against, please provide information regarding the incident in this form.

Anonymous complaints will be accepted. Accommodations will be provided for people with disabilities or limited English proficiency. 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 then sign and date. Use additional sheets as necessary:

BASIS OF COMPLAINT:

Check all that apply:

<input type="checkbox"/>	Race	<input type="checkbox"/>	Gender
<input type="checkbox"/>	Color	<input type="checkbox"/>	Age
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Income
<input type="checkbox"/>	Disability	<input type="checkbox"/>	

COMPLAINANT INFORMATION:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



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ENTITY FILING A COMPLAINT AGAINST:

Please check:

<input type="checkbox"/>	AK Marine Highway System (DOT&PF)	<i>Which ferry:</i>	
<input type="checkbox"/>	Transit Provider	<i>Which provider:</i>	
<input type="checkbox"/>	Construction Project	<i>Which project:</i>	
<input type="checkbox"/>	ADOT&PF Facility	<i>Which facility:</i>	
<input type="checkbox"/>	Aviation Provider or Airport	<i>Which entity:</i>	
<input type="checkbox"/>	Alaska Railroad	<i>Which train route:</i>	
<input type="checkbox"/>	Individual	<i>Name of individual:</i>	
<input type="checkbox"/>	DOT Department	<i>Which department:</i>	

NARRATIVE:

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



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

Please list below any person(s) that 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, with 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

Please submit your complaint via mail, e-mail or fax to:

MAIL

AKDOT&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 NUMBER: (800)770-6236
PHONE: (907)269-0851
FAX: (907)269-0847 *TDD (907)269-0473 TTY Communications Contact Alaska Relay*