

STATE OF ALASKA

DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

CIVIL RIGHTS OFFICE

SEAN PARNELL, GOVERNOR

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P.O. Box 196900
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Discrimination Complaint Questionnaire

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

- 1) Name, address, and telephone number of the complainant.

- 2) Name(s), and address(es) if available, of alleged discriminating organization(s) or individual(s).

- 3) Basis of complaint (i.e. race, color, gender, or national origin).

4) Date(s) of alleged discriminatory act(s).

5) A statement of the complaint.

6) Any other agencies (state, local, or federal) with which the complaint has been filed.

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.

Complainant

Date