



# 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"/>	
<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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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](mailto: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*