# **ADA Public Complaint Form**

The Municipality of Anchorage takes 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 Municipality. You must file your complaint within 90 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:

Full Name:				
Home Phone:				
Cell Phone:				
Other Phone:				
E-mail:				
Preferred Contact Method: (Circle one.)				
Mail.	E-mail.	Home Phone.	Cell Phone.	Other Phone.

#### **COMPLAINANT INFORMATION:**

## **BASIS OF COMPLAINT:**

Please provide a detailed description of the alleged discriminatory practice or action which occurred (who, what, when, where, etc.). Please include all relevant names and dates:



#### **ADDITIONAL INFORMATION:**

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? Do you require any assistance to file your complaint? If you do require assistance, what kind of assistance do you need:

### FINALIZING YOUR COMPLAINT:

I have been advised that I have the right to remain anonymous while corresponding with the Municipality of Anchorage. 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 Printed Name:

Date:

Complainant Signature:

### **SUBMITTING YOUR COMPLAINT:**

Please hand submit your complaint to the physical address, submit your complaint via mail or e-mail your complaint to:

#### **Physical Address**:

Municipality of Anchorage Paul M. Deery Municipal ADA Coordinator 632 West 6<sup>th</sup> Avenue, Suite 610 Anchorage, AK 99501

### Mailing Address:

Municipality of Anchorage Paul M. Deery Municipal ADA Coordinator P.O. Box 196650 Anchorage, AK 99519

**<u>E-Mail:</u>** ADA@anchorageak.gov

### Municipal ADA Coordinator Phone Number: (907) 343-2081