

AMATS TITLE VI DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint of discrimination on the basis of race, color, national origin, or sex (gender) arising with any AMATS plan, program, or activity. You are not required to use this form. It is important, however, to **include all information related to items marked with a star (*)**, whether or not this form is used.

***1. Provide your name and address here:**

Name: _____

Address: _____

Telephone Number: Home: (____) _____ Work: (____) _____

***2. Provide the name of the person or group of people discriminated against here, if different from #1 above:**

Name: _____

Address: _____

Telephone Number: Home: (____) _____ Work: (____) _____

Please explain your relationship to this person or group of people:

***3. Please provide the name of the AMATS-related Agency, Department, Plan, Program, Services, Activity, or Individual that discriminated:**

Name of any individual (if known):

Name: _____

Address: _____

Telephone Number: (____) _____

***4. Please indicate below the base(s) on which you believe the discrimination was conducted?**

____ Race/Color: _____

____ National Origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What are the most convenient time and place for us to contact you about this complaint?

6. If we are unable to reach you directly, please provide the name and phone number of a person who you give permission to tell us how to reach you, and/or to provide information about your complaint:

Name: _____

Telephone Number: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name of attorney: _____

Address of attorney: _____

Telephone Number of attorney: (____) _____

***8. To your best recollection, on what date(s) did the alleged discrimination take place?**

Earliest date of discrimination: _____

Most recent date of discrimination: _____

***9. Please explain as clearly as possible what happened, why you believe it happened, and how you believe you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you (you may use additional sheets if necessary and attach a copy of written materials pertaining to your case).**

10. The non-discrimination laws we enforce prohibit recipients of federal funds programmed through AMATS from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

11. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name / Address / Telephone numbers with Area Code:

12. Do you have any other information that you think may be relevant to the investigation of your allegations of discrimination?

13. What remedy are you seeking for the alleged discrimination?

14. Have you (or the person discriminated against) filed, or do you intend to file, a charge or complaint concerning the matters raised in this complaint with other agencies (such as, the Municipal Equal Rights Commission, Municipal Office of Equal Opportunity, ADOT&PF Civil Rights Office, Federal Highway Administration, Federal Transit Administration, U.S Department of Justice Office for Civil Rights, or Federal or State Court?)

Yes _____ No _____

Against what agency and department or program was it filed?

Address: _____

Telephone Number: (____) _____

Date filed: _____

Complaint, Case or Docket Number:

Date of Trial/Hearing: _____

Location of /Court: _____

Name of Investigator: _____

Status of Case: _____

Briefly, what was the complaint about?

What was the result? Please feel free to use additional sheets to explain the present situation to us.

15. How did you learn that you could file this complaint?

***16. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.**

(Signature)

(Date)

Once the form is completed, be sure to make one copy for your records.

Please mail this completed, signed Title VI Discrimination Complaint Form to:

AMATS Title VI Coordinator
Municipality of Anchorage Community Development Department
Transportation Planning Section
P.O. Box 196650
Anchorage, AK 99519