



METROPOLITAN PLANNING ORGANIZATION
4700 Elmore Road
Anchorage, Alaska 99507

Title VI & ADA Discrimination Complaint Form

Anchorage Metropolitan Area Transportation Solutions takes complaints on the basis of discrimination very seriously. If you feel you have been discriminated against, please fill out this Discrimination Complaint Form. ***Federal and state laws require complaints to be filed within one-hundred and eighty (180) calendar days of the alleged incident.***

The following information is necessary to assist in processing your complaint. Anonymous complaints cannot be accepted. Please contact AMATS if you need assistance or if you need a printed out copy of this form by emailing us at: amatsinfo@anchorageak.gov or calling us at **907-343-7995**.

Complete and return this form to: Anchorage Metropolitan Area Transportation Solutions, Title VI Coordinator, 4700 Elmore Road, Anchorage, Alaska 99507 or email: amatsinfo@anchorageak.gov.

Information

Please provide the following information about yourself:

Your Full Name:

Street Address:

City:

State:

Zip:

Phone:

Work Phone:

Email:

Other:



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Person (s) discriminated against (if someone other than you)

Your Full Name:

Street Address:

City:

State:

Zip:

Phone:

Work Phone:

Email:

Other:

Please explain your relationship to the individual(s) indicated above:

How should we contact you about this complaint?

Email:

Phone:

Mail:

Basis of Discrimination

1. Which of the following best describes the reason you believe the alleged discrimination took place?

Race

Disability

Color

Sex

National Origin

Age



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Narrative

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

Date(s):

3. Please explain in as much detail as possible how you feel you were discriminated against. Include all relevant names and dates. If needed, use additional sheets of paper to complete your answer.

4. Have you (or the person discriminated against) filed a complaint with any other federal state, or local agency?

Yes

No

If so, which agencies and when?

Signature

I affirm that I have read the above allegation and based on the information provided it is true to the best of my knowledge and belief.

Print Name:

Date:

Signature: