

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:

COMPLAINANT INFORMATION:

Full Name: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

E-mail: _____

Preferred Contact Method: (Circle one.)

Mail.

E-mail.

Home Phone.

Cell Phone.

Other Phone.

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 6th Avenue, Suite 610
Anchorage, AK 99501

Mailing Address:

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

E-Mail: ADA@anchorageak.gov

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