

Municipality of Anchorage
Policy on nondiscriminatory treatment of qualified individuals with
disabilities

(a) In compliance with the [42 U.S.C. 12101 - 12213](#) (Americans with Disabilities Act (ADA) of 1990), it is the policy of the Municipality of Anchorage (MOA) that

(1) a qualified individual with a disability may not be excluded from participation in or denied the benefits of the services, programs, or activities of the MOA, or be subject to discrimination by the MOA, because of that disability;

(2) an agency may not discriminate against a qualified individual with a disability because of that individual's disability with regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; or any other term, condition, or privilege of employment;

(3) an agency shall operate each of its services, programs, and activities so that each service, program, or activity, when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities.

(b) With respect to employment, discrimination against a qualified individual with a disability is prohibited in accordance with [28 C.F.R. 35.140](#) and 29 C.F.R. 1630.

(c) With respect to accessibility to MOA services, programs, or activities, discrimination against a qualified individual with a disability is prohibited in accordance with 28 C.F.R. 35.

(d) With respect to accessibility to services, programs, or activities conducted through state grants or contracts, discrimination against a qualified individual with a disability is prohibited in accordance with [28 C.F.R. 35.102](#).

ADA COMPLAINT FORM PUBLIC

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

Name:

Mailing Address:

Telephone:

Email:

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:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Print Name (Complainant)

Date

Signature

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

Physical Address

**Municipality of Anchorage
Jillanne M. Inglis
Municipal ADA Coordinator
632 West 6th Avenue, Suite 610
Anchorage, AK 99501**

MAIL

**Municipality of Anchorage
Jillanne M. Inglis
Municipal ADA Coordinator
PO Box 196650
Anchorage, AK 99519**

EMAIL

InglisJM@muni.org

PHONE

Municipal ADA Coordinator phone number: (907) 343-4571