

**Title VI Complaint Form  
Municipality of Anchorage  
Department of Public Transportation**

People Mover is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Federal and state laws require complaints to be filed within one-hundred eighty (180) calendar days of the alleged incident.

The following information is necessary to assist in processing your complaint. If you require assistance completing this form, please contact the Title VI Coordinator at 907-343-8246.

Complete and return this form to: Municipal Public Transportation Department, Title VI Coordinator, 3600 Dr. Martin Luther King, Jr. Avenue, Anchorage, Alaska 99507, or e-mail: [titlevi@muni.org](mailto:titlevi@muni.org)

Your Name:		
Address:		
City:	State:	Zip code:
Phone:	Alternative Phone/E-Mail Address:	
Person(s) discriminated against (if someone other than complainant):		
Address:		
City:	State:	Zipcode:
Phone:	Alternative Phone/E-Mail Address:	

Which of the following best describes the reason you believe the alleged discrimination took place?		
Race <input type="checkbox"/>	Color <input type="checkbox"/>	National Origin <input type="checkbox"/>
Date of alleged incident:		

Please describe the alleged discrimination. Provide the names and title of all People Mover employees involved if possible. Explain in your own words, what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

*Cont'd.*

Have you filed a complaint with any other federal, state, or local agency? Yes  No

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Municipality of Anchorage

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

MOA Title VI Tracking #PTD \_\_\_\_\_