

Attachment C

MATANUSKA-SUSITNA BOROUGH - TITLE VI & ADA COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>
	TDD	<input type="checkbox"/>	Other	<input type="checkbox"/>
Section II:				
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability				
<input type="checkbox"/> Income level <input type="checkbox"/> Limited English Proficiency				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe discrimination occurred. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV		
Have you previously filed a Title VI or ADA complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below:

Signature

Date

Please submit this form in person or by mail to:
 Matanuska-Susitna Borough
 Human Resources Division - Title VI/ADA Coordinator
 350 E. Dahlia Avenue
 Palmer, Alaska 99645
 Or by email to: HumanResources@matsugov.us