



STATE OF ALASKA Americans with Disabilities Act (ADA) Compliance Program

ADA Complaint Form

Your completed form may be mailed or returned in person to the State ADA Compliance Program, 550 West 7th Avenue, Suite 1960, Anchorage, Alaska 99501. You may also fax your form to (907) 375-7719. If you have any questions or need assistance with this form, please call (907) 375-7716; TTY/Alaska Relay 7-1-1 or 1-800-770-8973.

Initial Question: Does this Complaint relate to a State of Alaska agency? Yes No

If this complaint does not relate to a State of Alaska agency or if you are unsure, please contact the State ADA Compliance Program at (907) 375-7716 before completing this form.

A) Complainant Information:

Today's Date:	First Name:	Last Name:
Home Address: <input type="checkbox"/> Please use this address.		Work Address: <input type="checkbox"/> Please use this address.
Home/Cell Phone:	Work Phone:	Email:

B) Name of State Agency and/or Individual(s) that Complaint is Against:

Department:	Division:	Name of Individual(s):
Address:	Phone:	Email:

C) Please describe the alleged discriminatory action or practice (you may attach additional pages if necessary).

D) Have you filed this complaint verbally or in writing with any other individuals or agencies? If yes, please indicate with whom it was filed and what the status is.

I affirm that the above information is true to the best of my knowledge. I understand that an impartial investigation will be undertaken in response to this complaint. I understand that I will be informed of the outcome of the investigation, although I may not be told some confidential details. Should my contact information change, I will notify the ADA Compliance Program office with my current phone number and address.

SIGNATURE OF COMPLAINANT (OR AUTHORIZED REPRESENTATIVE)

DATE