State ADA Complaint Form

To informally resolve disability access and discrimination issues in programs, services and activities provided by the State of Alaska.

Today's Date:

Juneau, Alaska

www.alaska.gov/ada

Complainant Name:

Address:

City, State, & Zip:

Home Telephone:

Other Phone:

E-mail:

Name:

Address:

City, State & Zip:

Home Telephone:

Other Phone:

E-mail:

Name:

Address:

City, State, & Zip:

Telephone:

Web address:

When Did the alleged discrimination happen? Date:

Have you made an effort to resolve this complaint at the local level? ☐ Yes ☐ No

If yes, please indicate status of the complaint:

Describe the acts of discrimination and provide name(s) if possible of the people who discriminated.
(You may add pages or attachments if necessary).

Indicate the changes or remedies you seek:

Your electronic signature verification below certifies that you authorize initial action by the State of Alaska ADA Compliance Program. You may formalize this complaint by printing, signing, and mailing it to the above address.

☐ Authorized by (typed name):

Signature: