



# 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 7<sup>th</sup> 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.

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SIGNATURE OF COMPLAINANT (OR AUTHORIZED REPRESENTATIVE)

DATE