

**Title VI Complaint Form
Municipality of Anchorage
Don Young Port of Alaska**



The Don Young Port of Alaska 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. 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, Marcy Herman, at 907-343-4897.

Complete and return this form to: Don Young Port of Alaska, Attn: Port Director 1871 Anchorage Port Rd, Anchorage, AK 99501 or portofalaska@anchorageak.gov.

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:	Zip code:
Phone:	Alternative Phone/E-Mail Address:	

Which of the following best describes the reason you believe the alleged discrimination took place?		
Race	Color	National Origin
Date of alleged incident:		

Please describe the alleged discrimination. Provide the names and title of all Don Young Port of Alaska employees, contractors, lessees or tenants 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