

## **ADA Complaint Form**

The Alaska Railroad Corporation (ARRC) is committed to ensuring that we provide transportation services to the public in compliance with the Americans with Disabilities Act (ADA). The following information is necessary to help address your complaint. If you require assistance to complete this form, please contact the ARRC Legal Department at (907) 265-2682.

Please submit the completed form to ARRC:

• by mail to: Alaska Railroad Corporation

Attn: Guest Services Manager

P.O. Box 107500

Anchorage, AK 99510-7500

in person at: ARRC Anchorage Historic Depot

411 W. First Avenue in downtown Anchorage

• by email to: <u>RemleyT@akrr.com</u>

## **SECTION I: ABOUT YOU**

Name:	
Home Address:	
City:	State: Zip Code:
Phone:	Email Address:
Accessible Format Requirement?	Large Print Audio Tape TTY/TDD  Other (specify):
SECTION II: YOUR COMPLA	
SECTION II: TOOK COMPLA	
Date of the Alleged Discrimination	(month, day, year):
ARRC Location (depot, train, etc.):	

Name(s) and job title(s), if known, of individuals who you be	lieve discriminated against you:
Explain what happened and why you believe you were disc way in which you experienced discrimination. Include the r witnesses. If more space is needed, please use the back of t	name(s) and contact information for any
Please attach any written material or other information that complaint. Check if additional materials are attached:	it you think is relevant to your
SECTION III: OTHER PARTIES	
<b>AGENCIES.</b> Did you file this complaint with another agency (Alaska Human Rights Commission, Federal Transit Administration)	y? Yes (note below) No
Agency:	Location:
Contact Name:	Phone:
ATTORNEY. Are you currently represented by an attorney	? Yes (note below) No
Attorney Name:	Phone:
SECTION IV: SIGNATURE	
This form must be personally signed by the Complainant.	
Complainant Signature:	Date: