TITLE VI COMPLAINT FORM

The Alaska Railroad (ARRC) 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, as amended. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the ARRC Legal Department at (907) 265-2461. The completed form must be returned to the ARRC at P.O. Box 107500, Anchorage, AK 99510-7500, Attn: Legal Department.

(Please print)

Section I:

Name:________________________________________________________________________________
Address:______________________________________________________________________________
Telephone (Home):__________________________  (Work):_____________________________________
Email Address:_________________________________________________________________________

Accessible Format Requirement?  □ Large Print □ Audio Tape □ TTY/TDD □ Other (specify)

Section II:

I believe the discrimination I experienced was based on (check all that apply):

   □   Race    □   Color    □   National Origin

Date of the Alleged Discrimination (Month, Day, Year):____________________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information for any witnesses. If more space is needed, please use the back of this form or attach additional sheets.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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**Section III:** Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court? □ Yes □ No

If you have filed this complaint with another entity, please provide the information below:

Agency:_______________________________________________________________________________

Contact Name:_________________________________________________________________________

Address:______________________________________________________________________________

Telephone Number:_____________________________________________________________________

Please attach any written material or other information that you think is relevant to your complaint.

**Section IV:**

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature:________________________________________________________________

Please Print Name:______________________________________________________________________

Date:________________________________________________________________________________

Please submit this complaint form to:

Alaska Railroad Corporation
P.O. Box 107500
Anchorage, AK 99510-7500

Attn: Legal Department