

Title VI Complaint Form

The Alaska Railroad Corporation (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.

Please submit the completed form to ARRC:

- by mail to: Alaska Railroad Corporation Attn: Legal Department
 P.O. Box 107500 Anchorage, AK 99510-7500
- in person at: ARRC Headquarters 327 West Ship Creek Avenue in downtown Anchorage
- by email to: <u>sellerswarehamt@akrr.com</u>.

SECTION I:

Name:			
Address:			
City:	State: Zip Code:		
Home Phone:	Work Phone:		
Email Address:			
Accessible Format Requirement?			
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):		

Please complete the second page

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 you believe 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.

SECTION III:

Have you filed this complaint with any other Federal, State,	Yes	No
or local agency or with any Federal or State court?		

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

Agency:	
Contact Name:	Phone:
Address:	
Please attach any written material or other information that	, , ,
complaint. Check if additional materials are attached:	

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:
Printed Name:
Date of Signature: