

DBE - Complaint of
Discrimination Form
(Please Type or Print)

Alaska Railroad Corporation
Disadvantaged Business Program (DBE)
Complaint of Discrimination in Federally Assisted Programs

1. Aggrieved Person's Name: _____ Home Phone: _____
Street Address: _____ Work Phone/Alternate Number: _____
City, State, Zip Code: _____

2. Federal ARRC Program which you believe discriminated against you?
Division/Office: _____ Division/Office: _____
Address: _____ Location _____
City/State: _____

3. Bases for believing you were discriminated against? (Check one or more, and provide the specific information. **(Use additional sheets if necessary.)**)

_____ Race _____ Color _____
_____ Sex _____ National Origin _____

4. Allegation(s) of discrimination? (For each allegation, state the date and the specific incident(s) causing you to believe that you have been discriminated against. FOR EXAMPLE: I was discriminated against on January 1, 1992, when I was denied access to _____. **(Use additional pages as necessary.)**

5. Have you discussed your complaint with an ARRC Official? Yes _____ No _____ (If yes, the individual(s) names:

_____ Date you first contacted the ARRC Official(s): _____

6. Are you agreeable to using the Alternative Dispute Resolution (ADR /Mediation) process? Yes _____ No _____

7. Have you presented these allegations to any other forum? If so, please indicate:

_____ Court (Civil Action) _____ Office of the Governor, OEO _____ Anchorage Human Rights Commission _____ Anchorage Equal Rights Commission _____ Other (Please Specify)

8. List the remedies which you believe will resolve your complaint: (Use additional pages, as necessary.)

9. Aggrieved Person's Signature: _____ Date: _____

10. For ARRC Use Only:
Complaint Docket Number: _____ Date Received/Postmarked: _____