



Appendix A

Title VI Complaint Form

MatSu Valley Planning for Transportation (MVP) Title VI Complaint Form

Date: _____

Your Name:	Phone:	Alt Phone:
Street Address:	City, State, Zip Code	
Email:		

Complaint Details:

1. Date(s) of alleged discrimination:

2. Describe the alleged discriminatory act(s) or practice(s) in detail (if you need more space, please attach another page):

3. Identify the individual(s) or department(s) involved, if known:

4. Have you contacted anyone within MVP regarding this matter? If yes, please provide details:

5. Please describe any witnesses or individuals who have knowledge of the alleged discrimination. Provide names and contact information, if possible:

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6. Please provide any additional information or documentation that may be relevant to your complaint:

7. Have you previously filed a complaint with MVP or any other entity regarding a similar issue? If yes, please provide details:

8. Are there any accommodations or assistance you require during the investigation of this complaint?

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that MVP will investigate based on the information provided. I agree to cooperate fully in the investigation.

Signature: _____ Date: _____

Please send the completed form to:

MVP

Address

Alaska DOT&PF Civil Rights Office

200 East 42nd Avenue | Anchorage, AK | 99508

FHWA Alaska Division, Civil Rights Division

PO Box 21648 | 709 West 9th Street, Room 851 | Juneau, AK 99802-1648

U.S. Department of Justice, Civil Rights Division

950 Pennsylvania Avenue, N.W. | Office of Assistant Attorney General, Main Washington, D.C., 20530