

Inter-Island Ferry Authority Title VI/ADA Complaint

Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format
Requirements?

Large Print

Audio Tape

TDD

Other

Section II:

Are you filing this complaint on your own behalf?

Yes*

No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

Section III:

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

Race Color National Origin Disability Accessibility

Date of 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 of any witnesses and please describe the accessibility issue. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI or ADA complaint with this agency?

Yes

No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes

No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Inter-Island Ferry Authority Title VI/ADA Complaint

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please mail this form to:

Inter-Island Ferry Authority General Manager
PO Box 470
Klawock, Alaska 99925

Or Fax to: 907-530-4801

Or Email to: customerservice@interislandferry.com

For more information, please contact Dennis Watson, IFA General Manager:
907-530-4800 ext. 27 or
907-617-2800 or by email at dwatson@interislandferry.com