

CITY & BOROUGH OF WRANGELL

EXHIBIT E | COMPLAINT FORM OF NON-DISCRIMINATION RIGHTS



CITY & BOROUGH OF WRANGELL
GATEWAY TO THE STIKINE

SECTION I.

FULL 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? -----

*IF YOU ANSWERED YES, TO THIS QUESTION, GO TO SECTION III.

YES

NO

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

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. 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 COURT:

STATE AGENCY:

LOCAL AGENCY:

SECTION V. (CONT.)

PLEASE PROVIDE INFORMATION ABOUT A CONTACT PERSON AT THE AGENCY/COURT WHERE THE COMPLAINT WAS FILED.

FULL NAME:

TITLE:

AGENCY:

TELEPHONE:

ADDRESS:

SECTION VI.

NAME OF AGENCY COMPLAINT IS AGAINST:

TELEPHONE:

CONTACT PERSON:

TITLE:

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 SUBMIT THIS FORM IN PERSON AT THE ADDRESS BELOW, OR MAIL THE FORM TO:

CITY AND BOROUGH OF WRANGELL
PO BOX 531
205 BRUEGER ST.
WRANGELL, ALASKA 99929
907-874-2381