City of Homer
ADA/TITLE VI COMPLAINT FORM

Section I:		
Name:		
Address:		
Telephone:	Alternate Telephone:	
Email Address:		
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		
Date of Alleged Discrimination (Month, Day, Year):		
Time of Incident Hour:Minute, AM or PM:		
Name of department, facility, or project the complaint is against:		
Contact person/title:		
Telephone number:		

Explain what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the names and contact information of any witnesses. If more space is needed, please add a page.

Section IV:

Have you previously filed a Title VI or ADA complaint with the City of Homer?	Yes	No
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 and name all that apply:

[ ] Federal Agency _____ [ ] State Agency _____

{] Federal Court _____ [ ] State Court _____

[ ] Local Agency _____

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

Name/Title: _____

Address: _____

Telephone: _____

Email: _____

Section V
Have attempts been made to resolve the violation through a City Department? If yes, please describe the efforts that have been made.
What do you recommend as a solution?

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

Signature: _____

Date: _____

Please submit this form by email to clerk@cityofhomer-ak.gov
or deliver by mail or in person to the address below:

City of Homer Clerks Office
Attn: ADA/Title VI Compliance
491 E Pioneer Avenue
Homer, AK 99603