

**Southeast Alaska Independent Living (SAIL) Inc.  
Title VI Complaint Instructions and Form**

**Alaska Independent Living (SAIL) TITLE VI COMPLAINT FORM**

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transit services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Title VI Coordinator, Jordan Nigro  
SAIL  
3225 Hospital Drive, Suite 300, Juneau, AK 99801  
info@sailinc.org  
907-586-4980 fax

<b>1. Complainant's Name:</b>		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code (    )		Telephone Number (Work) (    )
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Accessible Format of Form Needed?</b> <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (please specify):		
<b>3. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes <b>If YES, please go to Question 7</b>		
<input type="checkbox"/> No    If no, please go to question 4		
<b>4. If you answered NO to question 3 above, please provide your name and address.</b>		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:



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**10. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

**11. Please list any and all witnesses' names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

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**12. What type of corrective action would you like to see taken?**

**13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?**   Yes   **If yes, check all that apply**                      No

- a.  Federal Agency (List agency's name)
- b.  Federal Court (Please provide location)
- c.  State Court
- d.  State Agency (Specify Agency)
- e.  County Court (Specify Court and County)
- f.  Local Agency (Specify Agency)

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

Name: \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Signature and date is required:

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Signature

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Date

If you completed Questions 4, 5 and 6, your signature and date is required

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Signature

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Date

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