



FMATS DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint of discrimination on the basis of race, color, national origin, or sex (gender) arising with any FMATS plan, program, or activity.

APPLICANT INFORMATION	
Name	
Phone Number	
Address	
COMPLAINT INFORMATION	
<p>If different from the information above, please provide the name of the person or group that was discriminated against.</p> <p>Name:</p> <p>Phone Number:</p> <p>Address:</p>	
<p>Indicate the base(s) on which you believe the discrimination was conducted.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Disability

COMPLAINT

Please explain as clearly as possible what happened, why you believe it happened, and how you believe you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you.

Do you have any other information that you think may be relevant to the investigation of your allegations of discrimination? Please indicate if you have filed a complaint with another organization.

Please sign and date below:

(Signature)

(Date)

Please mail this completed, signed Title VI Discrimination Complaint Form to:

FMATS Title VI Coordinator
FMATS
800 Cushman Street
Fairbanks, AK 99701