

COMPLAINT FORM

NAME		DATE
MAILING ADDRESS		
PHONE NUMBER	DO YOU H	HAVE VOICE MAIL? YES NO
IMPORTANT: Complaints to	the Ombudsman are confidential.	We will not release your
name unless you give permiss		
May we use your name when	talking to the state agency about	your complaint? YES NO
	tained in this complaint is true to th	
, <u> </u>	Signature	
WHAT STATE AGENCY IS YOU	R COMPLAINT ABOUT?	
☐ Administration	☐ Fish & Game	☐ Public Safety
□ Commerce	□ Labor	□ PFD
☐ Corrections	☐ Office of Children's Services	☐ Transportation
☐ Environmental Conservation		□ Other
WHERE IS THE AGENCY LOCA	TED? (city/town)	
HAVE YOU TRIED TO SOLVE YO	OUR COMPLAINT WITH THE AG	ENCY? YES NO
	THE AGENCY ABOUT YOUR COMPL	
	Phone	
Name	Phone	
	OR APPEAL? YES NO	
	grievance/appeal and the agen	
. ,		
WHAT DID THE AGENCY DO TI	HAT YOU THINK IS WRONG? (us	se extra paper if you need to)

WHAT DO YOU WANT THE AGENCY TO DO?		
WHAT DO	YOU WANT THE OMBUDSMAN TO DO?	
If your compinvolved and	ION TO HELP US REVIEW YOUR COMPLAINT: blaint is about the Office of Children's Services, please provide the names of all the children their dates of birth. Please also provide the name of all the parents involved, and the caseworker assigned.	
	plaint involves a member ID, account number, or case number (for example, child support, s, or retirement benefits) please provide it:	
	plaint is about the Department of Corrections, please provide your inmate number and the number facility	
Please attacl	n <u>copies</u> (not originals) of any documents related to your complaint.	
The Ombudabilities enco	INFORMATION sman wants to understand better how Alaskans from different ages, backgrounds, and bunter and resolve their problems with government. If you are willing, please answer these Choosing not to answer these questions will not affect whether we investigate laint.	
AGE	□ 18-34 □ 35-64 □ 65+	
GENDER	□ Female □ Male □ Other	
RACE	☐ AK Native/Native American/Native Hawaiian ☐ African-American ☐ White	
	☐ Hispanic ☐ Pacific Islander ☐ Other	
	TATUS Have you ever served in the military, reserve or national guard? YES NO	
	ANGUAGE □ English □ AK Native □ Spanish □ Other Y Do you experience a physical, intellectual, or mental disability? YES NO	
Please mail y	our completed complaint form to:	

Alaska State Ombudsman Attention: Intake 333 West 4th Avenue, Suite 305 Anchorage, Alaska 99501 ombud.alaska.gov