



# OMBUDSMAN GRIEVANCE FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

COMPLAINT NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DO YOU HAVE VOICE MAIL? YES NO

EMAIL ADDRESS \_\_\_\_\_

**The Alaska State Ombudsman is committed to resolving citizen's complaints and grievances fairly, objectively, and respectfully. This includes grievances about our office.**

**Grievances must be made in writing**, unless you have a disability or other significant barrier to sending your concerns in writing. **Your grievance is confidential.** You will receive a form telling you we have received your grievance. Your grievance will be reviewed by the Ombudsman, who will interview the investigator and/or other people involved in the investigation of your complaint. You will receive a written response within 20 days after your grievance is received.

### WHAT IS YOUR GRIEVANCE ABOUT?

- My complaint was declined
- Investigation of my complaint was discontinued
- The investigator made a mistake
- It took/is taking too long to investigate my complaint
- The investigator isn't/wasn't objective
- A staff person was rude to me
- Other \_\_\_\_\_

*Complaints about who has been assigned to investigate your complaint, the allegations we investigated or the standards we used to evaluate the allegations, the findings of an investigation, and whether we accepted an agency's actions to resolve the complaint are not subject to the grievance process.*

**HAVE YOU TRIED TO SOLVE YOUR COMPLAINT DIRECTLY WITH THE INVESTIGATOR OR STAFF MEMBER? YES NO**

**WHAT DID OUR STAFF DO THAT YOU THINK IS WRONG?** (use extra paper if you need to)

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**WHAT DO YOU WANT THE OMBUDSMAN TO DO TO SOLVE THE PROBLEM(S)?**

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Please attach **copies** (not originals) of any documents related to your grievance.

Please send your completed grievance form to:

**Mail**

Alaska State Ombudsman  
1500 West Benson Boulevard  
Anchorage, Alaska 99503

**Email**

ombudsman@akleg.gov

**Fax**

907-269-5291