COMPLAINT FORM

NAME __________________________________________
MAILING ADDRESS __________________________________ DATE _________
CITY, STATE ___________________________________ ZIP ____________
PHONE NUMBER ________________________________ DO YOU HAVE VOICE MAIL? YES NO
EMAIL ADDRESS __________________________________

Do you have voice mail? YES NO

I verify that the information contained in this complaint is true to the best of my information, knowledge, and belief. ________________________________

Signature

WHAT STATE AGENCY IS YOUR COMPLAINT ABOUT?
☐ Administration ☐ Fish & Game ☐ Public Safety
☐ Commerce ☐ Labor ☐ PFD
☐ Corrections ☐ Office of Children’s Services ☐ Transportation
☐ Environmental Conservation ☐ Public Assistance ☐ Other ______________

WHERE IS THE AGENCY LOCATED? (city/town) ________________________________

HAVE YOU TRIED TO SOLVE YOUR COMPLAINT WITH THE AGENCY? YES NO

WHO HAVE YOU TALKED TO AT THE AGENCY ABOUT YOUR COMPLAINT?
Name ____________________________ Phone __________________________
Name ____________________________ Phone __________________________

HAVE YOU FILED A GRIEVANCE OR APPEAL? YES NO

Please attach copies of your grievance/appeal and the agency’s response.

WHAT DID THE AGENCY DO THAT YOU THINK IS WRONG? (use extra paper if you need to)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WHAT DO YOU WANT THE AGENCY TO DO?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IMPORTANT: Complaints to the Ombudsman are confidential. We will not release your name unless you give permission.
May we use your name when talking to the state agency about your complaint? YES NO

I verify that the information contained in this complaint is true to the best of my information, knowledge, and belief. ________________________________

Signature

May we use your name when talking to the state agency about your complaint? YES NO
WHAT DO YOU WANT THE OMBUDSMAN TO DO?

INFORMATION TO HELP US REVIEW YOUR COMPLAINT:
If your complaint is about the Office of Children's Services, please provide the names of all the children involved and their dates of birth. Please also provide the name of all the parents involved, and the name of the caseworker assigned.

If your complaint involves a member ID, account number, or case number (for example, child support, student loans, or retirement benefits) please provide it: ____________________________

If your complaint is about the Department of Corrections, please provide your inmate number and facility:

inmate number ____________________________ facility ____________________________

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

OPTIONAL INFORMATION
The Ombudsman wants to understand better how Alaskans from different ages, backgrounds, and abilities encounter and resolve their problems with government. If you are willing, please answer these questions. Choosing not to answer these questions will not affect whether we investigate your complaint.

AGE  □ 18-34  □ 35-64  □ 65+
GENDER  □ Female  □ Male  □ Other ____________________________
RACE  □ AK Native/Native American/Native Hawaiian  □ African-American  □ White
       □ Hispanic  □ Pacific Islander  □ Other ____________________________
VETERAN STATUS Have you ever served in the military, reserve or national guard? YES NO
PRIMARY LANGUAGE □ English  □ AK Native ____________________________  □ Spanish  □ Other ____________________________
DIABILITY Do you experience a physical, intellectual, or mental disability? YES NO

Please mail your completed complaint form to:

Alaska State Ombudsman
Attention: Intake
1500 W. Benson Blvd.
Anchorage, Alaska 99503
ombud.alaska.gov