

**Alaska Department of Transportation & Public Facilities (Alaska DOT&PF)
Disadvantaged Business Enterprise (DBE) Program Complaint Form & Instructions**

Purpose: This form is intended for individuals or representatives of entities who believe the Alaska Department of Transportation & Public Facilities (Alaska DOT&PF), as a recipient of Federal Transit Administration (FTA) assistance, has not fulfilled its obligations under the requirements of [49 CFR Part 26](#).

Submitting this form initiates the Alaska DOT&PF Civil Rights Office (CRO) DBE Program Complaint process, which addresses allegations of noncompliance with responsibilities outlined in 49 CFR Part 26. Complaints may include procedural deficiencies, compliance determinations, or other activities believed to violate these federal regulations. While this form is provided for convenience, a letter or email containing the same information will be accepted.

Filing Instructions: Complaints must be submitted in writing within **180 days** of the alleged violation of 49 CFR Part 26. Assistance and accommodations are available for individuals who need help completing the form, including those with disabilities or Limited English Proficiency (LEP). Translation and interpretation services will be provided at no cost. Submit your completed complaint form to:

Alaska DOT&PF Civil Rights Office
Attention: DBE Program Manager
P.O. Box 196900
Anchorage, AK 99519-6900
Email: zhenia.peterson@alaska.gov
Phone: 907-269-0844
Statewide Toll-Free: 800-770-6236
Fax: 907-269-0847
TDD: 907-269-0473 (via Alaska Relay 711)

Confidentiality: The Alaska DOT&PF CRO will not accept anonymous complaints. However, under [49 CFR 26.109\(b\)](#), the identities of complainants will remain confidential upon request. During investigations, it may be necessary to disclose the complainant's identity to the organization or institution under review. Additionally, Alaska DOT&PF may be required to disclose information in compliance with the **Freedom of Information Act (FOIA)**. Complainants are encouraged to review the attached **Notice about Investigatory Uses of Personal Information** and submit a signed **Consent/Release Form** along with their complaint.

Disposition of Complaints: To be processed, complaints must include detailed information supporting each allegation. Complaints lacking sufficient evidence may be dismissed or held until further information is provided. Upon review, the Alaska DOT&PF CRO will take one or more of the following actions:

- Notify the complainant of the **acceptance, dismissal**, or request for additional information.
- Notify the complainant if the CRO lacks jurisdiction and **transfer** the complaint to another USDOT administration, government agency, or FTA program office; or

- Notify the complainant of a **referral** to the FTA Division Office responsible for oversight of the recipient’s DBE Program.

If the complaint is accepted, the Alaska DOT&PF CRO will conduct an appropriate investigation and inform both the complainant and respondent (if applicable) of its findings via official letter. For the process to move forward, complaints should be as specific and detailed as possible to ensure a thorough review and resolution.

DBE Complaint Form	
Instructions: Please provide the following information and sign this form.	
First Name:	Last Name:
Street Address:	
Work phone:	Cell phone:
Work email:	Other email:
Name of the agency against which the complaint is filed:	

Complaint Description (s): (Check each box that applies to the complaint)

- Good Faith Effort Determinations (pre-award/post-award) (49 CFR 26.53)
- Goal-setting (49 CFR 26.49 & 26.51)
- Monitoring and Enforcement of Commercially useful function (CUF) (49 CFR 26.55)
- Counting/Crediting of DBE Participation (49 CFR 26.55)
- Termination/Substitution of DBE Work Commitments (49 CFR 26.53)
- Prompt Payment/Return of Retainage (49 CFR 26.29)
- Eligibility (49 CFR 26.87) S
- Suspected Fraud or Criminal activity
- Other (e.g. 49 CFR 26.7- Discriminatory action based on race, sex, color or national origin)

Narrative (Attach additional documents if more space is needed)
1. Please explain in much detail possible each alleged violation. Include all relevant names and dates. Use additional sheets of paper if necessary, and attach to this document.

2. How can this/these issue(s) be resolved to your satisfaction?
3. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, etc.).
4. Has this complaint been filed with any other agencies? If so, which agency and when?

I have been advised that I have the right to remain anonymous while corresponding with the Alaska Department of Transportation and Public Facilities (DOT&PF) Civil Rights Office. I understand that, as a result of completing this questionnaire, I am initiating a formal complaint process where my identity may be revealed to responsible parties as a part of the investigation process.

Print Name:	Date:
Signature:	

For Official Use Only		
Date received by CRO:	Reviewer initials:	Complaint #
Action Taken by CRO: <input type="checkbox"/> Complaint Accepted <input type="checkbox"/> Complaint Incomplete/Request additional information		
<input type="checkbox"/> No Jurisdiction <input type="checkbox"/> No Jurisdiction with referral to another USDOT OA		
<input type="checkbox"/> Refer to FTA Division Office <input type="checkbox"/> Reported the matter to USDOT OIG		

COMPLAINANT CONSENT/RELEASE FORM

First name:	Last name:
Address:	
Complaint number(s) (if known):	

Please read the information below, check the appropriate box, and sign this form.

CONSENT/RELEASE

In the course of investigating your complaint, it may be necessary for the Alaska DOT&PF Civil Rights Office to disclose your identity to the organization or institution under investigation. Your information may also be subject to release under FOIA. As a complainant, you are protected from intimidation or retaliation under federal nondiscrimination laws.

CONSENT - I authorize Alaska DOT&PF to reveal my identity and share information as necessary to investigate my complaint.

CONSENT DENIED - I do not authorize Alaska DOT&PF to reveal my identity. I understand this may limit or prevent the investigation of my complaint.

Name:	Date:
Signature:	

Name:	Date:
Signature:	

Name:	Date:
Signature:	