Disadvantaged Business Enterprise (DBE) Program Complaint Form

This form is for use by a person or representative of an entity who believes that the Alaska Department of Transportation & Public Facilities (DOT&PF), as a recipient of FHWA assistance, has failed to carry out its obligations under the requirements of 49 CFR Part 26. This form initiates an Alaska DOT&PF Civil Rights Office (CRO) DBE Program Complaint process, which is a means to submit allegations of noncompliance regarding matters which are designated in the regulations to be the responsibility of the DOT&PF. Allegations include, but are not limited to, procedural deficiencies, compliance determinations or other recipient activities believed to be in violation of the requirements of 49 CFR Part 26. This form is not required. A letter or email with the same information will be deemed sufficient.

Filing Instructions: All complaints must be filed in writing no later than 180 days from the date of the alleged violation of 49 CFR Part 26 by the DOT&PF. If you require assistance to complete the complaint form or require it in a different format, accommodations will be provided for you, including but not limited to persons with disabilities or Limited English Proficiencies. Translation/interpreter fees will be paid by the DOT&PF. If you require assistance, please contact the Alaska DOT&PF Civil Rights Office (CRO) at 907-269-0851, or toll free (in Alaska) (800)-770-6236.

Submit this complaint within 180 days of the alleged violation to:

MAIL
DOT&PF Civil Rights Office
Attention: DBE / OJT Program Manager
P.O. Box 196900
ANCHORAGE, AK 99519-6900
EMAIL aaron.nickols@alaska.gov

PHONE / FAX
Statewide Toll Free No. (800) 770-6236
Phone: (907) 269-0851
Fax: (907) 269-0847 TDD (907)269-0473 Communications Contact Alaska Relay 711
Confidentiality: The Alaska DOT&PF Civil Rights Office (CRO) will not accept anonymous complaints. Under 49 CFR 26.109(b), the DOT&PF CRO will keep confidential the identities of Complainants, at the election of the Complainant. During the course of an investigation, however, it may become necessary for DOT&PF to reveal the Complainant’s identity to persons at the organization or institution under investigation. DOT&PF also may have obligations to honor requests under the Freedom of Information Act. As a result, DOT&PF requests that the Complainant review the attached Notice about Investigatory Uses of Personal Information and sign and return the attached Complainant Consent/Release Form along with the signed complaint form.

Disposition of Complaints: Complaints should contain specific information to support each allegation. Any complaint that, on its face, lacks evidence supporting the allegations may be dismissed or held until additional information is obtained from the Complainant. Upon review of each complaint received by the DOT&PF CRO, the following actions will be taken, as appropriate:

☐ Notify Complainant of acceptance, dismissal, or make request for additional information;

☐ Notify Complainant of lack of jurisdiction and transfer the complaint to another USDOT operating administration, government agency, or FHWA program office; OR

☐ Notify the Complainant of referral to the FHWA Division Office charged with oversight of the recipient’s DBE Program.

If the DOT&PF CRO accepts a complaint, the CRO will conduct an appropriate investigation and notify the Complainant (and Respondent, if applicable) of its findings by official letter.
Alaska DOT&PF DBE Program Complaint Form

COMPLAINANT INFORMATION

Please provide the following information and sign this form:

Full Name: ____________________________________________________________

Street Address: __________________________________________________________________________

City: __________ State: ___________ Zip: ___________

Work Phone: ___________ Cell Phone: _________________

Email: ____________________________ Other: _______________________

Name of the State highway agency or other FHWA recipient against which the complaint is filed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If applicable: State or Federal Project No. and Project name on which the alleged violation(s) occurred:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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 (49 CFR 26.55)
☐ Counting/Crediting of DBE Participation (49 CFR 26.55)
☐ Termination (including substitution or modification of work under commitment) (49 CFR 26.53)
☐ Prompt Payment/Return of Retainage (49 CFR 26.29)
☐ Eligibility (49 CFR 26.87)
☐ Suspected Fraud or Criminal activity
☐ Other (e.g. 49 CFR 26.7- Discriminatory action based on race, sex, color or national origin)
NARRATIVE

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?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, etc.).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Has this complaint been filed with any other agencies? If so, which agency and when?

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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.

_________________________
Date

_________________________
Print Name (Complainant)

_________________________
Signature