STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE

REVIEW—DISPOSITION OF CIVIL RIGHTS COMPLAINT

PART 1: COMPLAINT IDENTIFICATION

(Name of Complainant) (Mailing Address) (Telephone Number)

PART 2: REPORT OF ACTION TAKEN AT LOCAL OFFICE LEVEL

Narrative Report of Facts and Circumstances: _____

Action Taken to Resolve Complaint: _____

Complainant has Withdrawn Complaint: NO [ ] YES [ ] If yes, attach copy of GEN 103.

(Supervisor's Signature) (Date)

Comments: _____

(Regional Manager's Signature) (Date)

PART 3: REPORT OF ACTION TAKEN AT DIVISION DIRECTOR LEVEL

Evaluation/Comment on Action Taken in Part 3: _____

Further Action Taken to Resolve Complaint: _____

Recommendation to Department as to Disposition: _____

Complainant has Withdrawn Complaint: NO [ ] YES [ ] If yes, attach copy of GEN 103.

(Division Director's Signature) (Date)

PART 4: REPORT OF ACTION TAKEN AT DIVISION DEPARTMENT LEVEL

Evaluation/Adjudication: _____

Specific Action Taken or Recommended: _____

(Department Civil Rights Coordinator's Signature) (Date)

Final Distribution: 1. DPA, Civil Rights Coordinator
2. District Office Civil Rights Complaint File
Attach copy of Civil Rights Complaint, GEN 101 (06-3787)