Alaska Department of Corrections
AMERICANS WITH DISABILITIES ACT
NOTICE OF NON-RESOLUTION TO A REQUEST FOR ACCOMMODATION

On _____________ (date), ___________________________, ADA Coordinator, at ___________________________ (institution or department office), met with ___________________________, Complainant/Representative, in order to seek a prompt and equitable resolution to a written complaint filed by ___________________________. Complainant, alleging that the correctional facility discriminated against the complainant, as prohibited by the Americans with Disabilities Act of 1990 (ADA).

The complainant/representative and institution or Department have been unable to formally resolve the request for accommodation. The following is a summary of the basis of non-resolution:

1. Description of the request for accommodation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Summary of any proposed plan to resolve the request for accommodation:

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________________________________________________________________________

3. Statement of the issues that could not be resolved:

________________________________________________________________________
________________________________________________________________________
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If additional space is needed, please attach additional pages to this form.
If this is an initial agency review of the request for accommodation at the institution level, the complainant may request a review by the department ADA Coordinator within 10 working days of receiving the notice of non-resolution.

If this is a department review of the request for accommodation, the complainant may request a review by the state ADA Coordinator within 10 working days of receiving this notice.

Institution ADA Coordinator  

Superintendent  

Department ADA Coordinator  

Commissioner  

Date  

Date  

Date  

Date

State regulatory reference 6 AAC 65.060 (b) and (d) – 6 AAC 65.070

cc: State ADA Coordinator  
Commissioner  
Department ADA Coordinator  
Institution ADA Coordinator  
Prisoner  
Prisoner File