



Anchorage School District
Equal Employment Opportunity Office
ASD Education Center
5530 E. Northern Lights Blvd.
Anchorage, Alaska 99504-3135
907-742-4132

EEO Complaint Form

It is the policy of the Anchorage School District to provide equal educational and employment opportunities, and to provide services and benefits to all students and employees without regard to race, color, genetics, religion, age, mental or physical disability, national origin, gender, marital status, change in marital status, pregnancy, parenthood or other human differences. This policy is consistent with numerous laws, regulations, and executive orders enforced by various federal, state, and municipal agencies. **This form can also be used to address rights protected under Title VII, Title IX and the ADA.**

Inquiries or complaints may be addressed to the School District's Equal Employment Opportunity Director, who also serves as the Title IX Coordinator, ASD Education Center, 5530 E. Northern Lights Blvd, Anchorage, AK 99504-3135, (907) 742-4132 or to any of the following external agencies: Alaska State Commission for Human Rights, Anchorage Equal Rights Commission, Director of the Office for Civil Rights, Department of Education, Department of Health and Human Services.

Please answer all questions as completely and accurately as possible. You may use additional sheets if needed. Return the completed form to the EEO Office located at the ASD Education Center.

NAME OF COMPLAINANT (Last, First, Middle Initial):	ADDRESS (Include City, State and Zip):
SSN:	
HOME TELEPHONE: CELL/MSG PHONE:	EMPLOYMENT STATUS: <input type="radio"/> EMPLOYEE <input type="radio"/> SUBSTITUTE <input type="radio"/> APPLICANT
WORK LOCATION: WORK PHONE: IMMEDIATE SUPERVISOR:	YOUR CURRENT JOB TITLE: BARGAINING GROUP: UNION REPRESENTATIVE:
WHO IS THE RESPONDENT (The name of the person who you believe treated you differently)?	

HOW DO YOU BELIEVE THE RESPONDENT TREATED YOU DIFFERENTLY?

- DISCRIMINATION
- HARASSMENT
- RETALIATION (SPECIFY THE PROTECTED ACTIVITY THAT YOU PARTICIPATED IN) _____
- SEXUAL HARASSMENT
- FAILED TO PROMOTE
- FAILED TO HIRE
- OTHER (SPECIFY) _____

WHAT BASIS DO YOU BELIEVE THE RESPONDENT TREATED YOU WERE DIFFERENT?

- RACE/COLOR (State your Race) _____
- RELIGION (State your Religion) _____
- NATIONAL ORIGIN (State your Nat'l. Origin) _____
- MENTAL OR PHYSICAL DISABILITY (State your disability/) _____
- AGE (Specify age and DOB) _____
- SEX/GENDER (Specify Male or Female) _____
- GENETICS _____

