



Anchorage School District
Compliance/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 any civil rights issue or policy violation.**

Inquiries or complaints may be addressed to the District's Compliance/Equal Employment Opportunity Executive Director, who also serves as the ADA and Title IX Coordinator 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 Compliance/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: EMPLOYEE SUBSTITUTE APPLICANT	
WORK LOCATION:	YOUR CURRENT JOB TITLE:		
WORK PHONE:	BARGAINING GROUP:		
IMMEDIATE SUPERVISOR:	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 _____

Date and location of most recent act of alleged discrimination:

Narrative: Explain specifically how you were treated differently from other employees **because of your race, color, religion, sex, national origin, age, genetics, mental or physical disability, or retaliated against.** If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific information in support of each. Use additional sheets if necessary.

Allegation # 1:

Allegation #2:

Witnesses: List the name and contact information of each witness.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Information witness will provide</u>

What actions have you taken to address your concerns?

Remedy/Resolution: What specific remedy or resolution are you seeking?

Have you filed a complaint with another agency? Yes No

Your signature below confirms that you understand the following:

- The importance of confidentiality in the EEO investigation process; specifically, you will not discuss your complaint or the contents of your EEO interview with other coworkers.
- That it may be necessary to disclose your name and testimony to outside agencies who may also investigate your complaint.

Signature of Complainant: _____ **Date Signed:** _____