



Anchorage School District
Office of Employee Relations
 ASD Education Center
 5530 E. Northern Lights Blvd. Anchorage,
 Alaska 99504-3135
 907-742-4007

Intake Questionnaire

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 any protected class. 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.**

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

FULL LEGAL NAME: (Last, First, Middle Initial):		ADDRESS (Include City, State and Zip):	
EMPLOYEE ID:			
HOME TELEPHONE:	CELL/MSG PHONE:	EMPLOYMENT STATUS: EMPLOYEE SUBSTITUTE	APPLICANT FORMER EMPLOYEE
WORK LOCATION:		YOUR CURRENT JOB TITLE:	
WORK PHONE:		IMMEDIATE SUPERVISOR:	

WHO IS THE RESPONDENT (The name of the person who you believe treated you differently or wrongly)?

HOW DO YOU BELIEVE THE RESPONDENT TREATED YOU DIFFERENTLY OR WRONGLY?

- 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 DIFFERENTLY OR WRONGLY?

- 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 Sex) _____
- SEXUAL ORIENTATION/GENDER IDENTITY (Specify SO and or GI) _____
- PREGNANCY (State Due Date) _____
- OTHER (State Other Basis) _____

Date and location of most recent incident:

Narrative: Explain specifically how you were treated wrongly or differently from other employees because of your race, color, religion, sex, national origin, age, genetics, mental or physical disability, retaliated against, or other protected class. 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:

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 complained to any other department or external agency about this issue?

Yes No

Your signature below confirms that you understand the following:

Your signature below confirms that you have been informed of the confidential nature of the Employee Relations resolution process and affirms that you will not discuss with anyone the identity of the parties, the content of your interview, the allegations raised in the intake questionnaire, or any information that you share in the interview or throughout the resolution process.

Your signature also confirms that you understand that any violation of confidentiality could interfere with the investigation process and may result in the investigation being closed.

Signature of Employee: _____ **Date Signed:** _____