

EMPLOYMENT DISCRIMINATION COMPLAINT

I. GENERAL INFORMATION

Name: _____ Social Security Number: _____
Mailing Address: _____
Home Phone Number: _____ Contact Phone: _____

II. EMPLOYMENT INFORMATION (Current or former state employee only)

Date of Hire: _____ Present Job Title: _____
Department: _____ Division: _____
Phone: _____
Work Address: _____

Supervisor's Name: _____ Title: _____

III. APPLICANT INFORMATION (Applicant for state employment only)

Job Class (Title) you applied for: _____

If you responded to a letter from a department which invited you to apply for a vacancy, please provide the following information:

Department: _____ Division: _____
Date: _____ Contact Person: _____ Were you interviewed? Yes No

IV. TYPE OF DISCRIMINATION (Check applicable)

Race	Change in Marital Status	Pregnancy
Sex	Religion	Veteran Status
Sexual Harrassment	Color	Age **
Disability	Retaliation *	National Origin
Marital Status	Parenthood	

* AS 44.19.456 RETALIATION PROHIBITED

(a) Any agency, officer, or state employee may not directly or indirectly refuse to hire, transfer, or promote, or dismiss, demote, suspend, lay off, or otherwise discipline a person for filing a complaint with the office for a failure to comply with affirmative action or equal employment opportunity or for assisting the office in an investigation of a complaint.

** The Age Discrimination in Employment Act of 1967 ADEA protects individuals who are 40 years of age or older from discrimination based on age.

V. DATE OF MOST RECENT DISCRIMINATORY ACT OR PRACTICE

Month: Day: Year:

(Note: Discrimination must be ongoing or must have occurred within 90 days of the complaint filing to utilize the OEEEO informal complaint process)

VI. OTHER COMPLAINT INFORMATION

Have you filed this complaint with the Alaska State Commission for Human Rights or the federal Equal Employment Opportunity Commission?

Yes
No

Have you filed this complaint through a collective bargaining agreement union process? If so, please give the date filed and current step of the grievance.

Date:
Step:

Have you consulted with an attorney?

Yes
No

VII. BRIEFLY DESCRIBE INCIDENTS YOU BELIEVE WERE ACTS AND/OR WORDS OF DISCRIMINATION. INCLUDE NAMES AND DATES. ATTACH SUPPORTING DOCUMENTATION, IF AVAILABLE. ATTACH ADDITIONAL SHEETS AS NEEDED.

(Note: You are responsible for retaining copies of the information you provide the OEEEO. All information received by this office becomes property of the office and will not be returned.)

VIII. IN WHAT WAY WOULD YOU LIKE TO SEE THIS MATTER RESOLVED? ATTACH ADDITIONAL SHEETS AS NEEDED.

I affirm that all statements regarding this alleged incident of discrimination are true and factual to the best of my knowledge.

Complainant's signature: _____ Date: _____

All information received by the Office of Equal Employment Opportunity during the course of a complaint investigation is confidential and will not be provided to unions or other investigative agencies.