

**Fairbanks North Star Borough
Equal Employment Opportunity
Complaint Processing Form**

Complainant's Name: _____

Title: _____

Home Mailing Address: _____

Work Location: _____

Home Phone Number: _____

Work Phone Number: _____

Home Email: _____

Work Email: _____

Which of the following best describes the reason for the discrimination complaint:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Training | <input type="checkbox"/> Reprisal |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Pay | <input type="checkbox"/> Leave Denial |
| <input type="checkbox"/> Reassignment | <input type="checkbox"/> Retirement | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Termination | <input type="checkbox"/> Work Assignment |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reprimand |
| <input type="checkbox"/> Work Conditions | <input type="checkbox"/> Harassment | <input type="checkbox"/> Work Hours/Schedule |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other (Please list) _____ | |

Please describe the circumstance. Attach any relevant information or evidence you want considered.

Which of the following do you believe best describes the motive for the alleged discrimination:

- | | | | | |
|--------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Parenthood |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Sexual
Orientation | | |

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What other information do you think is relevant to this inquiry? _____

List below any witness(es) or other person(s) who may have knowledge or information that will assist with investigating the complaint:

<u>Name</u>	<u>Department</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What remedy do you seek?

I have been advised that I have the right to representation during all phases of my complaint of alleged discrimination.

Signature of Complainant **Date**

Complaint received by:

Signature of Borough Authority **Date**