

**UNIVERSITY OF ALASKA FAIRBANKS  
EQUAL EMPLOYMENT OPPORTUNITY  
COMPLAINT FORM**

**COMPLAINANT'S NAME:**

**NAME OF PERSON(S) WHO WERE RESPONSIBLE  
FOR THE ALLEGED ACTION:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TITLE**\_\_\_\_\_

**NAME OF DEPARTMENT INVOLVED:**

**PHONE NUMBER:**\_\_\_\_\_

**PHONE NUMBER**\_\_\_\_\_

**WHEN AND WHERE DID THE ALLEGED ACT(S) OF DISCRIMINATION OCCUR:**

**DATE**\_\_\_\_\_ **PLACE**\_\_\_\_\_

**Which of the following BEST describes why you were allegedly discriminated against?**

- RACE     RELIGION     SEX     NATIONAL ORIGIN     PARENTHOOD  
 COLOR     DISABILITY     AGE     MARITAL STATUS     PREGNANCY  
 VETERAN'S STATUS

**Does the alleged discrimination against you involve:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HIRING        | <input type="checkbox"/> TRAINING        | <input type="checkbox"/> REPRISAL               |
| <input type="checkbox"/> PROMOTION     | <input type="checkbox"/> PAY             | <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      | <input type="checkbox"/> SEXUAL HARASSMENT      |
| <input type="checkbox"/> AWARDS        | <input type="checkbox"/> OTHER           |   |

**Explain what happened and how you were allegedly discriminated against. (If you are claiming that others were treated differently from you, please state the details. Also attach any written materials pertaining to your case).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINT FORM - 2**

**(Records or documents to review):** \_\_\_\_\_

\_\_\_\_\_

**What other information do you think is relevant to this inquiry?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List below any person(s), witnesses, fellow employees, supervisors, or others that may be contacted for additional information to support, or clarify your complaint.**

<b><u>NAME</u></b>	<b><u>DEPARTMENT</u></b>	<b><u>PHONE NUMBER</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In order to resolve your complaint, what remedy do you seek?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**