

**Fairbanks North Star Borough
Equal Employment Opportunity/Anti-Discrimination/Anti-Harassment/Anti-Bullying
Complaint Processing Form**

This form should be used in conjunction with FNSB Policy 65.09. Complaints of misconduct against employees, applicants, and former employees may be filed using this form. If you have any questions or need assistance please call the Borough's EEO\Compliance Office at 907-459-1309.

Name: _____ **Title/Position Sought:** _____

Home Mailing Address: _____

Work Location: _____

Home Phone Number: _____

Work Phone Number: _____

Home Email: _____

Work Email: _____

Which of the following do you believe best describe the motive for the alleged misconduct:

- | | | | | |
|--------------------------------|---|--|---|-------------------------------------|
| <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"/> Gender Identity | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Other | | | | |

If you selected "other" please provide a description of the motive for the alleged misconduct.

Please check any/all of the following that best describes the reason for the 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"/> Accommodation | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Other | | |

If you selected "other" please provide a description of the reason for the complaint.

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Please describe the circumstances surrounding the complaint, including the date, time, and place of the actions you are complaining about. You are not limited to the space provided. Please attach any and all relevant information or evidence you want considered.

What reasons were given for the actions taken against you? _____

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?

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I have been advised that I have the right to representation during all phases of my complaint of alleged discrimination. I have reviewed FNSB Policy 65.09 and I understand that regardless of whether I pursue resolution through the Borough's internal procedures I have the right to file a discrimination complaint with the Alaska State Commission for Human Rights and/or the United States Equal Employment Opportunity Commission.

Signature of Complainant

Date

Complaint received by:

Signature of Borough Authority

Date