

DISCRIMINATION COMPLAINT FORM

This form may be submitted by *either* email or direct mail to:
Marian Sweet, Assistant Commissioner of Department of Family and Community Services
SOA/DFCS/FMS, PO Box 112650 Juneau, AK 99811 fcs.fms.aco.staff@alaska.gov



AK | DFCS
ALASKA DEPARTMENT OF
FAMILY AND COMMUNITY
SERVICES

First Name _____ Last Name _____ M.I. _____

DOB _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Occupation/Title _____

Unit/Department _____

Name of agency you believe discriminated against you (Respondent)

Agency Address _____

Agency City _____ State _____ Zip _____

1. What is the basis of the alleged discrimination? (Check only those that apply to your complaint)

- | | | |
|---|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Race | <input type="checkbox"/> Mental or Physical Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex (gender) | <input type="checkbox"/> Gender Identity and Expression |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Creed | <input type="checkbox"/> National Origin |

2. What issues are associated with your complaint?

- | | | |
|---|--|---|
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Performance Evaluation |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Other. Please explain: | | |

3. When did the alleged discrimination occur?

4. Where did the alleged discrimination occur?

5. Describe what happened.

6. Were there any witnesses to the alleged discrimination? Yes No

If yes, please provide witnesses names and contact information.

Name _____ Email _____ Phone _____

7. Have efforts been made to resolve this complaint? Yes No

If yes, what is the status?

8. What corrective action do you believe would address your complaint?

9. Have you filed a previous complaint of alleged discrimination? Yes No

If so, please describe the incident and when it occurred.

10. Who else have you filed this complaint with?

- Alaska State Commission for Human Rights
- Equal Employment Opportunity Commission
- Department of Justice, Office of Civil Rights
- Other _____

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