



Department of Health Discrimination Complaint Form

Thank you for providing your information below. Please be as specific as possible.

Last Name First Name M.I.

DOB (MM/DD/YYYY) Home Address

City State Zip

Home Telephone Occupation/Title

Unit/Department

Name of agency you believe discriminated against you (Respondent)

Agency Address City State Zip

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

- Age Marital Status Ancestry Genetic Information
 Color Race Creed Religion
 Disability Sex (gender) Mental or Physical Disability National Origin
 Retaliation Sexual Orientation Gender Identity and Expression

2. What issues are associated with your complaint?

- Recruitment Failure to Hire Performance Evaluation
 Demotion Discharge Sexual Harassment
 Transfer Promotion Working Conditions
 Other

Please explain:

3. When did the alleged discrimination occur?

4. Where did the alleged discrimination occur?



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Thank you for providing your information below. Please be as specific as possible.

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

Telephone

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

U.S. Equal Employment Opportunity Commission

U.S. Department of Justice, Office of Civil Rights

Other



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Thank you for providing your information below. Please be as specific as possible.

This form may be submitted by *either* email or direct mail.

Please submit to:

Assistant Commissioner of Finance &
Management Services

Josephine Stern

PO Box 110650

Juneau, Alaska 99811-0601

josephine.stern@alaska.gov