



City and Borough of Sitka

Title VII Complaint Form (Employment Discrimination)

Name <i>(please print)</i>	Residential Address
Phone/Cell Number	Mailing Address
Work Number	Email address

DISCRIMINATION INFORMATION

Were you discriminated because of:
<input type="checkbox"/> <i>Race</i> <input type="checkbox"/> <i>Origin</i> <input type="checkbox"/> <i>Color</i> <input type="checkbox"/> <i>Other (specify)</i> _____
<i>Date of alleged incident:</i> _____ <i>Location of alleged incident:</i> _____

Explain as clearly as possible what happened and why you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form:

ADDITIONAL INFORMATION

1. Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court? Yes _____ No _____

2. If Yes, please provide information regarding who to contact regarding this complaint:

Name of Agency _____
Contact person: _____ Phone: _____
Address: _____

You may attach any written materials or other information that you think is relevant to your complaint.

I certify that the information contained in this Title VII Complaint is true and accurate to the best of my knowledge and belief.

Dated at Sitka, Alaska, on this _____ day of _____, 20__.

Signed: _____

This form may be mailed, emailed, faxed or dropped off at:

Human Resources
100 Lincoln Street – Room 300
Sitka Alaska 99835
(907) 747-1816 (Office)
(907) 747-1846 (Fax)
hr@cityofsitka.org