



ALASKA RAILROAD CORPORATION

Complaint of Discrimination

Please type or print.

1. Complainant:

Name: _____ ARRC Location: _____

Home Address: _____

City / Town: _____ State: _____ Zipcode: _____

Home / Cell Phone: _____ Work Phone: _____

2. Individual(s) who you believe discriminated against you:

ARRC Division / Office: _____

ARRC Location: _____

3. You believe this individual discriminated against you on the basis of your:

(check all that apply)

- Age Race Sex Color National Origin
 Disability Religion Pregnancy Marital Status
 Change in Marital Status Parenthood
 In Retaliation for your having engaged in a protected activity.

Note: if your complaint is not based upon one of the above protected classes, you may not have an Equal Employment Opportunity (EEO) claim. If that is the case, you should refer to ARRC Policy 64-8 (Non-Disciplinary Complaint Resolution for Executives), ARRC Policy 61-1 (Corrective Action and Disciplinary Action for Non-rep Employees), or consult with your union representative, whichever is applicable to you.

Complete the second side of this form.

4. State the facts regarding the specific incident(s) of discrimination that you are claiming, including the date of the incident and the exact way in which you believe you were discriminated against.

5. Have you discussed your complaint with a manager or supervisor? .

Yes No If yes, with whom and when (note below)?

Name: _____ Date: _____

6. Have you filed a complaint about this incident with an outside agency?

(Alaska Human Rights Commission, EEOC, etc.) Yes No

If yes, which agency: _____

7. Complainant's Signature: (Note: Complainant must sign this complaint personally)

_____ Date: _____

FOR ARRC USE ONLY:

Date Received (MM/DD/YYYY): _____ / _____ / 20_____



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Designation of Non-Lawyer Representative

I, _____ hereby designate _____,
(Complainant) (Printed Name/Title of Representative)

to act as my Representative in the matter(s) pertaining to my complaint of discrimination filed with the Alaska Railroad Corporation on the date below. Even though I have a designated representative, I understand it is still my responsibility to cooperatively participate in the investigation of my complaint.

I understand that the authority and responsibilities granted to the above-named individual, by virtue of this designation, may be terminated by me at any time. Should this occur, I will notify the Manager of Labor Relations in writing of my decision.

Check one and complete as appropriate:

1. By designating the individual named above as my representative, I understand that all official correspondence will be sent to my representative with copies to me.

Check the preferred method of contact to me:

- Telephone No (w/ area code): _____
- Email address: _____
- Mailing address: _____

2. I am requesting that all correspondence be sent to:

Check the preferred method of contact:

- Individual's Name: _____
- Email address: _____
- Mailing address: _____

Complainant Signature: _____ Date: _____

Printed Name: _____