



Anchorage School District  
Educating Students for Success in Life

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2. Email address \_\_\_\_\_

3. Phone number \_\_\_\_\_

4. Name of person(s) the complaint is about \_\_\_\_\_  
\_\_\_\_\_

5. Date of incident(s) \_\_\_\_\_

6. Nature of incident (s)  ~~Sex~~ Harassment  Other

7. Please describe your concern in the space provided. You may provide additional information or attachments, as necessary.

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Once completed, please save (or print) this form and deliver to the Compliance/EEO Office by email to [EEO@asdk12.org](mailto:EEO@asdk12.org) or by fax to 907-424-2226.