



STATE OF ALASKA
Department of Labor and Workforce Development
Division of Employment and Training Services
Unemployment Insurance

Your feedback helps us improve our services. Please complete this form if you have comments, concerns, or a complaint about our services or staff. All comments will be reviewed in accordance with our resolution process. You may return this form to the front desk of the office you are in, or email to auicc@alaska.gov.

1. Your contact information (optional):

Name: _____ Phone number: _____

Email address: _____

2. Location of the incident (Office): _____

3. Person(s) involved (if known): _____

4. Details, please include date and services requested:

Office Use Only: Received by: _____ Date Received: _____