

Lieutenant Governor

## **GOVERNMENT OF GUÅHAN** (GUBETNAMENTON GUÅHAN) **DEPARTMENT OF ADMINISTRATION**

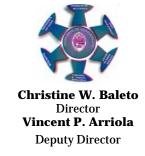
(DIPATTAMENTON ATMENESTRASION)

## **DIRECTOR'S OFFICE**

(UFISINAN DIREKTOT)

ITC Building, 590 South Marine Drive 2<sup>nd</sup> Floor, Tamuning, Guam Post Office Box 884 \* Hagatna, Guam 96932

TEL: (671) 475-1101/1250 \* FAX: (671) 477-3671/6788



COMPLAINT of DISCRIMINATION in the GOVERNMENT OF GUÅHAN (RACE, RELIGION, COLOR, SEX, SEXUAL HARASSMENT AND ORIENTATION, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, POLITICAL AFFILIATION, RETALIATION OR GENETIC INFORMATION)

Provide the following information and submit it to the Department of Administration. (Please Type or Print)

1.	1. COMPLAINANT'S FULL NAME:							
2.	MAILING ADDRESS:							
3.	WORK PHONE:	4. HOME PHONE:						
5.	NAME OF DEPARTMENT/AGENCY WHERE YOU WORK:							
6.	DEPARTMENT/AGENCY'S ADDRESS:							
7.	TITLE AND PAY GRADE OF YOUR JOB:							
Prepare a separate complaint form for each office which you believe discriminated against you.								
1.	1. WHICH DEPARTMENT/AGENCY DO YOU BELIEVE DISCRIMINATED AGAINST YOU?							
2.	. NAME OF UNIT WHICH YOU BELIEVE DISCRIMINATED AGAINST YOU?							
3.	NAME AND TITLE OF PERSON(S) YOU BELIEVE DISCRIMINATED AGAINST YOU:							
	<u>NAME</u>	POSITION TITLE						
4.	DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE:							
5.	LIST WHY YOU BELIEVE YOU WERE DISCRIMINATED AGA	AINST:						
	[ ] RACE – state your race:							
	[ ] RELIGION – state your religion:							
	[ ] COLOR – state your color:							
	[ ] SEX - state your sex:							
	[ ] SEXUAL HARASSMENT and ORIENTATION - state sexual harassment and orientation:							
	[ ] NATIONAL ORIGIN – state your national origin:							
	[ ] AGE - state your age:							
	[ ] PHYSICAL or MENTAL DISABILITY - state your disability: _							
	[ ] MARITAL STATUS – state your marital status:							
	[ ] POLITICAL AFFILIATION – state your political affiliation:							
	[ ] RETALIATION – state retaliation:							
	[ ] GENETIC INFORMATION – state genetic information:							

6.	EXPLAIN HOW	YOU BELIEVE YO	OU WERE DISCRIMI	NATED AGAINST	· :	
7.	HAVE VOU DIC	CHECED VOLD C	OMDI AINT WITH AN	NECHAL OPPORT	FINITY COLINGELOD.	
7.					TUNITY COUNSELOR:	
	[ ] YES [ ]	NO	COUNSELOR'S NAI	ME:		
8.	WHAT CORREC		YOU WANT ON BE			
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		S COMPLAINT)  EQUAL EMPLOYN		HALF OF YOUR O	COMPLAINT:	TOR
	(DATE OF THI	S COMPLAINT)  EQUAL EMPLOYN	O YOU WANT ON BE	HALF OF YOUR O	(SIGNATURE OF COMPLAINANT)  EQUAL EMPLOYMENT OPPORTUNITY ADMINISTRATION HUMAN RESOURCES DIVISION	— ГОR
	(DATE OF THI	ES COMPLAINT)  EQUAL EMPLOYN DEPARTMENT OF HUMAN RESOUR P. O. BOX 884	PYOU WANT ON BE  MENT OPPORTUNITY A  F ADMINISTRATION  CES DIVISION	HALF OF YOUR O	(SIGNATURE OF COMPLAINANT)  EQUAL EMPLOYMENT OPPORTUNITY ADMINISTRA DEPARTMENT OF ADMINISTRATION HUMAN RESOURCES DIVISION 2nd Floor, ITC Building	TOR
	(DATE OF THI	ES COMPLAINT)  EQUAL EMPLOYN  DEPARTMENT OF THE SECOND	PYOU WANT ON BE  MENT OPPORTUNITY A  F ADMINISTRATION  CES DIVISION	HALF OF YOUR O	(SIGNATURE OF COMPLAINANT)  EQUAL EMPLOYMENT OPPORTUNITY ADMINISTRATION HUMAN RESOURCES DIVISION	TOR