**GOVERNMENT OF GUÅHAN**  
*GUÅHAN AUSPUSULU*K  
**DEPARTMENT OF ADMINISTRATION**  
*(DIPATTAMENTON ATMENESTRASION)*  
**DIRECTOR’S OFFICE**  
*(UFISINAN DIREKTOT)*

ITC Building, 590 South Marine Drive  
2nd Floor, Tamuning, Guam  
Post Office Box 884 * Hagatna, Guam 96932  
TEL: (671) 475-1101/1250 * FAX: (671) 477-3671/6788

**Christine W. Baleto**  
Director  
**Vincent P. Arriola**  
Deputy Director

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**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. COMPLAINANT’S FULL NAME: |  
| 2. MAILING ADDRESS: |  
| 3. WORK PHONE: | 4. HOME PHONE: |

Prepare a separate complaint form for each office which you believe discriminated against you.

| 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: |

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<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
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4. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE:

5. LIST WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST:

- [ ] 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 YOU WERE DISCRIMINATED AGAINST:


7. HAVE YOU DISCUSSED YOUR COMPLAINT WITH AN EQUAL OPPORTUNITY COUNSELOR:

   [ ] YES       [ ] NO

   COUNSELOR’S NAME: _____________________________________________

8. WHAT CORRECTIVE ACTION DO YOU WANT ON BEHALF OF YOUR COMPLAINT:


_____ _______ _____  ___________  _____

(DATE OF THIS COMPLAINT) (SIGNATURE OF COMPLAINANT)

Submit Complaint to:     EQUAL EMPLOYMENT OPPORTUNITY ADMINISTRATOR
                         DEPARTMENT OF ADMINISTRATION
                         HUMAN RESOURCES DIVISION
                         P. O. BOX 884
                         HAGATNA, GUAM  93932

OR

EQUAL EMPLOYMENT OPPORTUNITY ADMINISTRATOR
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES DIVISION
2nd Floor, ITC Building
590 South Marine Drive
TAMUNING, GUAM