



Eddie Baza Calvo
Governor
Ray Tenorio
Lieutenant Governor

GOVERNMENT OF GUÅHAN
(GUBETNAMENTON GUÅHAN)
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. Baletto
Director
Vincent P. Arriola
Deputy Director

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:
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. 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:						
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>NAME</u></td> <td style="text-align: center; width: 50%;"><u>POSITION TITLE</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	<u>NAME</u>	<u>POSITION TITLE</u>	_____	_____	_____	_____
<u>NAME</u>	<u>POSITION TITLE</u>					
_____	_____					
_____	_____					
4. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE:						
5. LIST WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST:						
<input type="checkbox"/> RACE – state your race: _____ <input type="checkbox"/> RELIGION – state your religion: _____ <input type="checkbox"/> COLOR – state your color: _____ <input type="checkbox"/> SEX - state your sex: _____ <input type="checkbox"/> SEXUAL HARASSMENT and ORIENTATION - state sexual harassment and orientation: _____ <input type="checkbox"/> NATIONAL ORIGIN – state your national origin: _____ <input type="checkbox"/> AGE - state your age: _____ <input type="checkbox"/> PHYSICAL or MENTAL DISABILITY - state your disability: _____ <input type="checkbox"/> MARITAL STATUS – state your marital status: _____ <input type="checkbox"/> POLITICAL AFFILIATION – state your political affiliation: _____ <input type="checkbox"/> RETALIATION – state retaliation: _____ <input type="checkbox"/> 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