



Equal Employment Opportunity (EEO) Complaint Form

Name: _____

Home Address: _____

Telephone: Work (____) _____ Home (____) _____

Division / Facility / Work Site _____

Position: _____

Shift or normal work schedule: _____

Immediate Supervisor: _____

TYPE OF COMPLAINT: (Check appropriate charge)

_____ Discrimination

_____ Workplace/Sexual Harassment

_____ Retaliation

BASIS OF CHARGE: (must declare at least one)

_____ Race

_____ Affectional Preference

_____ Religion or Belief

_____ Color

_____ Sex

_____ Disability

_____ National Origin

_____ Marital Status

_____ Genetic Information

_____ Gender Identity

_____ Sexual Orientation

_____ Veteran Status

_____ Pregnancy, Childbirth, or related Medical Conditions

Please complete and sign the form. Please return the completed form to the Human Resource Office, Attention: Danny Bennett, EEO Officer.

*The form can also be mailed to the Human Resources Office, Attention: Danny Bennett, EEO Officer
3920 N Sun Tran Blvd Tucson AZ, 85705*



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STATEMENT _____

(Attach additional pages as needed. Number, sign and date each additional page.)

Include specific details such as "who, what, when, and where" for each alleged event of your complaint.

List names(s) of all known witnesses and provide, in your own words, a summary of what the witness(es) will testify about the alleged event.

List name(s) of all individuals to whom you reported the alleged event and the date(s) you reported the alleged event.

The foregoing statement contains all of my complaint(s), all names of witness, and all names of individuals to whom I reported the alleged event. This complaint includes this two (2) page form and _____ additional pages attached, numbered, signed, and dated.

Signature _____ Date ____/____/____

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