

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

\_\_\_\_\_ Sex

\_\_\_\_\_ Religion

\_\_\_\_\_ Color

\_\_\_\_\_ Citizenship Status

\_\_\_\_\_ Age

\_\_\_\_\_ National Origin

\_\_\_\_\_ Marital Status

\_\_\_\_\_ Ancestry

\_\_\_\_\_ Creed

\_\_\_\_\_ Sexual Orientation

\_\_\_\_\_ Disability

\_\_\_\_\_ Veteran Status

\_\_\_\_\_ Affectional preference

**Please complete and sign the form. Please return the completed form to the Sun Tran/Sun Van Human Resource Office, Attention: Jared Forte, EEO Officer.**

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

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STATEMENT

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(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

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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.

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

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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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete and sign the form. Please return the completed form to the Sun Tran/Sun Van Human Resource Office, Attention: Jared Forte, EEO Officer.**

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