



Discrimination Complaint Form

IV. WITNESSES

A. Name _____
 Address _____
 City/State/Zip _____ Phone _____

B. Name _____
 Address _____
 City/State/Zip _____ Phone _____

C. Name _____
 Address _____
 City/State/Zip _____ Phone _____

V. WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?

VI. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER AGENCY?

Yes No

If yes, please attach copies of any available documentation relating to this complaint.

VII. OATH OF AFFIRMATION:

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

Signature _____ Date _____

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public

My commission Expires: _____

Please return the completed complaint form to:

Sun Tran
 Human Resources Office
 4220 S. Park Ave. Bldg. 10
 Tucson, Arizona 85714

