



Management does not condone any type of discriminatory practice, nor does it excuse sexual harassment. Sun Tran, Sun Link and Sun Van shall take affirmative action steps to ensure that all applicants receive fair treatment in the selection process and that during employment, employees are treated without regard to their race, sex, religion, color, creed, age, national origin, ancestry, marital status, citizenship status, veteran status, disability, sexual orientation, affectional preference or any other factor prohibited by applicable federal, state or local law.



Complaint forms are available in the employee ADP portal,  
on the Sun Tran website at  
**[suntran.com/about\\_departments.php](http://suntran.com/about_departments.php)**  
and in the Human Resource office.

Please complete and sign the form and return it to the Human Resource Office,  
Attention: *Deserie Duarte EEO Officer.*

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



# 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

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# Equal Employment Opportunity (EEO) Complaint Form

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 Human Resource Office, Attention: Deserie Duarte, EEO Officer.*

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