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, color, religion or belief, national origin, sex (including gender identity, sexual orientation, pregnancy, childbirth, or related medical conditions), age, genetic information, disability, veteran status, or other protected class 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 and in the Human Resource office.

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

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Rev. 1/20
Equal Employment Opportunity (EEO) Complaint Form

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 _______/_______/________

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

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