



# 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)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Affectional Preference                               | <input type="checkbox"/> Religion or Belief  |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Sex  | <input type="checkbox"/> Disability          |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status                                       | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation                                   |  |
| <input type="checkbox"/> Veteran Status  | <input type="checkbox"/> Pregnancy, Childbirth, or related Medical Conditions |  |

# 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: Julie Strzyzewski, EEO Officer.  
Paula.Guereque@tucsonaz.gov*

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