

**EEO Complaint**  
Judiciary of Guam

(Please Type or Print)

1. Basis of Complaint: Age, Color, Disability, Equal Pay, Genetic Information, National Origin, Pregnancy, Race, Religion, Retaliation, Sex, Sexual Harassment, Creed, Marital Status, or Political Affiliation.  
\_\_\_\_\_.

2. Name: \_\_\_\_\_  
                    Last                                    First                                    Middle

3. Division/Section: \_\_\_\_\_

4. Job Title: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Work Phone: \_\_\_\_\_      7. Home Phone: \_\_\_\_\_

8. Other contact numbers: \_\_\_\_\_

9. Name, Division, and Title of person(s) you believe discriminated against you:  
\_\_\_\_\_

10. What is the Pay Range of your current job? \_\_\_\_\_

11. Date on which most recent alleged discrimination took place:  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

12. List why you believe you were discriminated against:

- // Age (If so, state your age) \_\_\_\_\_
- // Race or Color (If so, state your Race or Color) \_\_\_\_\_
- // Disability (ies) (If so, state your disability (ies)) \_\_\_\_\_
- // Equal Pay \_\_\_\_\_
- // Genetic Information \_\_\_\_\_
- // National Origin (If so, state your National Origin) \_\_\_\_\_
- // Pregnancy \_\_\_\_\_
- // Religion or Creed (If so, state your Religion or Creed) \_\_\_\_\_
- // Retaliation \_\_\_\_\_
- // Sex (If so, state your sex) \_\_\_\_\_
- // Sexual Harassment \_\_\_\_\_
- // Marital Status (If so, state your Marital Status) \_\_\_\_\_
- // Political Affiliation (If so, state your Political Affiliation) \_\_\_\_\_

13. Explain how you believe you were discriminated against:

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14. Have you discussed your complaint with an Equal Employment Opportunity Facilitator?  
If yes, state the Facilitator's name: \_\_\_\_\_

15. What corrective action do you want taken in your behalf on your complaint?

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EQUAL EMPLOYMENT OPPORTUNITY OFFICE  
Judiciary of Guam  
120 West O'Brien Drive  
Hagatna, Guam 96910