



DIPATTAMENTON GUAFI GUAHAN
GUAM FIRE DEPARTMENT
*Professionalism * Respect * Integrity * Dedication * Empathy*



Employee Equal Opportunity Complaint Form

Date of Submission: _____

Complainant Information

Name: _____
 Position/Rank: _____
 Bureau/Station: _____
 Phone: _____ Email: _____

Type of Complaint:

Discrimination Harassment Sexual Harassment
 Retaliation Failure to Accommodate Other: _____

Protected Basis:

Race Color Religion Sex Orientation
 Gender Identity National Origin Age
 Disability Marital Status Political Affiliation
 Veteran Status Genetic Info Other: _____

Persons Alleged Involved:

Name/Rank:

Brief Incident Description:

Witnesses:

Requested Resolution:

Certification:

I certify this complaint is true and accurate.

Signature: _____ Date: _____