



**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: \_\_\_\_\_