



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



**Supervisor Equal Employment Opportunity Incident Report Form**

Date of Report: \_\_\_\_\_  
 Supervisor Name/Rank: \_\_\_\_\_  
 Bureau/Station/Unit: \_\_\_\_\_

Source of Information:  
 Employee Report  Observed  Third Party  
 Anonymous  Other: \_\_\_\_\_

Complainant:  
 Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Alleged Subject(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Protected Basis (if known):  
 Race  Sex  Disability  Age  National Origin  
 Orientation  Gender Identity  Political Affiliation  
 Veteran  Other: \_\_\_\_\_

Summary of Incident:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Immediate Actions Taken:  
 Ensured Safety  Separated Parties  
 Notified Chain  Documented Verbatim  
 Other: \_\_\_\_\_

Forwarded To:  
 GFD EEO/HR Coordinator  
 Battalion/Division Chief  
 Fire Chief  
 DOA EEO Branch

Supervisor Certification:  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_