

**FAIR EMPLOYMENT PRACTICE OFFICE  
COMPLIANCE SECTION  
Government of Guam  
P.O. Box 9970  
Tamuning, Guam 96931-9970  
(671) 475-0159**

**CONFIDENTIAL FORM**

**COMPLAINT OF UNLAWFUL EMPLOYMENT PRACTICE DUE TO  
DISCRIMINATION**

**1) COMPLAINANT:**

_____	_____
<b>Full Name</b>	<b>Social Security Number</b>
_____	
<b>Complete Mailing Address</b>	
_____	_____
<b>Telephone Number</b>	<b>Other Contact Number</b>
_____	_____
<b>Position Title</b>	<b>Date of Employment</b>

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**2) RESPONDENT:**

_____	_____
<b>Name of Company/Employer</b>	<b>Telephone Number</b>
_____	_____
<b>Name &amp; Title of Immediate Supervisor</b>	<b>Business Location</b>
_____	
<b>Complete Mailing Address</b>	

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**3) Date most recent or continuing Unlawful Employment Practice due to  
Discrimination took place:**

_____	/	/
<b>Month</b>	<b>Day</b>	<b>Year</b>

4) **CAUSE OF COMPLAINT BASED ON: [Check Box(es)]**

Race       Sex       Age       Religion       Color

National Origin       Disabilities (Physical/Mental)

**Concise statement of facts regarding the alleged unlawful employment practice due to discrimination (attach extra sheet for additional space, including substantiating statements):**

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5) **RESPONSIBILITY AS A COMPLAINANT:** It shall be my responsibility to advise the Fair Employment Practice Division of any changes to my address or telephone number and I will fully cooperate with them in the processing of my complaint in accordance with the statute(s).

6) **CERTIFICATION:** I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Complainant's Full Name (print)

