

EQUAL EMPLOYMENT OPPORTUNITY OFFICE CHARGE STATEMENT

Date:		
Please	fill the	following information: (Print or Type)
	1.	Your Full Name:
	2.	Your Address:
		City/State:
		Zip Code:
	3.	Your day phone number:
		Your evening phone number:
	4.	Last (4) digits of your Social Security Number:
	5.	Your date of birth:
	6.	Your Gender/Sex: [] Male [] Female
	7.	Your Race:
	8.	Your National Origin:
	9.	Your skin color:
	10.	Person who can always contact you:
		Name:
		Address:
		City/State: Zip Code:
		Phone number:
_		

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu W: www.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges Senior College and University Commission and is an equal opportunity provider and employer.

EEO/ADA & TITLE IX OFFICE



11. Do you have or are you perceived to have a disability? (If so, what is it?)

Please give the following information about the respondent?

Name: Address: City/State: Zip Code: Phone Number:

Provide a list of names of persons who were exposed to this situation.

Name them and state their race, age, color, national origin, sex and disability, if known and their addresses.

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu W: www.uog.edu Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges Senior College and University Commission and is an equal opportunity provider and employer.



Please select the reason/event that caused you to contact the EEO? (Hiring, layoff, promotion, accommodation, discipline, harassment, sexual harassment, etc.) List all events and the approximate date of other event.

Briefly explain the reason/event(s) on the category that you selected.

SEX	
AGE	
NATIONAL ORIGIN	
RACE	
DISABILITY	
MARITAL STATUS	
POLITICAL AND RELIGIOUS AFFILIATION	
RETALIATION (Please describe)	
SEXUAL MISCONDUCT	

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu W: www.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges

Senior College and University Commission and is an equal opportunity provider and employer.



Date of Incident:

Earliest date of violation:

Most recent alleged date of violation:

Date of termination/layoff? (if applicable)

What makes you think that a discriminatory motive on the above cited event?

What is the race, skin color, sex, and approximate age of the individual in your case that brought about this event?

Name of the person and give their title as well.

State your position title and describe your duties?

Have you filed a charge in this matter with another agency? If yes, please provide the name, address and phone numbers of the agency.

Have you filed charges against this individual either inside the university or to an outside agency in this matter or in the past? If yes, explain the situation, when it occurred and remedy afforded.

Please write a paragraph about your situation. Tell us what happened and why you feel the incident is discriminatory. Be thorough, this information is very important for your investigation. You may attach additional sheets as needed.

What is your expectation of filing this charge? What do you want to happen - reinstatement, policy change, promotion, back pay, etc.)?

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu W: www.uog.edu Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges Senior College and University Commission and is an equal opportunity provider and employer.



CLOSING STATEMENT AND SIGNATURE/DATE

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Did you receive any assistance in completing this Charge Statement? If yes, who is this person (lawyer,interpreter, etc?) Who helped you and will they continue to assist you in the future? Please provide their name, address and phone number.

Provide any other information (medical documentation, witness statements, witness names or evidence) that you have available. Be sure and clarify what information witnesses can attest to.

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu W: www.uog.edu Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913 The University of Guam is a U.S. Land Grant Institution accredited by the Western Association of Schools and Colleges

Senior College and University Commission and is an equal opportunity provider and employer.