



DISCRIMINATION COMPLAINT FORM

V. WITNESSES:

A. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

B. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

C. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

VI. WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?

VII. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER AGENCY?

Yes No

If yes, please list which agencies _____

VIII. OATH OF AFFIRMATION:

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public

My commission Expires: _____

Please return the completed complaint form with documentation relating to this complaint to:

Sun Tran

Human Resources Office

3920 N. Sun Tran Blvd.

Tucson, Arizona 85705