



Governor's Office of Equal Opportunity

State Capitol Executive Tower
1700 West Washington, Suite 156
Phoenix, AZ 85007
Phone (602) 542-3711
Fax (602) 542-3712
<http://azgovernor.gov/eop/>



Employment Discrimination Complaint/Intake Questionnaire

Please print your answers to the following questions. This form must be signed and dated on the back.

Complainant Information

Last Name: _____ First Name: _____ M.I.: _____

Home Phone: () _____ Other Phone () _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____ E-mail: _____ Sex (M/F) _____

Basis on which you believe you have been discriminated against (check all that apply):

- Age
- Color
- Disability
- Equal Pay/Compensation
- Genetic Information
- National Origin
- Pregnancy
- Race
- Religion
- Retaliation
- Sex
- Sexual Harassment
- Sexual Orientation
- Other _____

National Origin/or Ethnic Group:

- African American
- American Indian
- Arab, Afghani, Middle Eastern
- Asian American
- East Indian
- Hispanic
- White
- Other _____

State Agency Against Which Complaint is Being Filed

State Agency/Employer: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____ County: _____

Division/Department: _____ Supervisor: _____

Supervisor's Phone #: () _____

FOR OFFICE USE ONLY	
Initials of GOEO Officer: _____	Referred To: _____

