

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.

Please select the appropriate 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	



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 is pertinent to 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 position 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.?

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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.