



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

Name: _____ Home Phone: () _____

Address: _____ Other Phone: () _____

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):

- Race Color Religion Pregnancy Disability Sexual Orientation Retaliation
 Age Sex National Origin Marital Status 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: _____

