

Information for Parties Seeking to File a Complaint of Discrimination

Enclosed please find a discrimination complaint form, for your completion. The following information is provided in an effort to assist you with the completion of the form, which will, in turn, assist this office with the required follow-up concerning your complaint.

- Please read these instructions prior to completing the enclosed form.
- Assess if your complaint clearly articulates that a disciplinary practice and/or act has occurred against you. It is necessary to show that persons of a different group than yours (race, religion, color, sex, age, national origin, disability, sexual or affectional preference, or marital status) have been treated in a manner different from you and that the difference in treatment has had a negative impact on your employment or in the refusal or restriction of a facility or service.
- Complete all sections of the applicable complaint form and either print or type the complaint information. In completing the form, please provide clear and concise information when describing the alleged discriminatory practice(s) and/or act(s); the dates of the alleged discriminatory practice(s) and/or act(s); and witnesses to such practice(s) and/or act(s). Incomplete forms will be returned without further processing.
- The complaint form must be notarized with your signature, where indicated. Non-notarized complaint forms will be returned without further processing.
- Please submit the completed form to the Human Resources Department at the address shown below. Your complaint will be reviewed and a response will be sent to you. Please note that the review process may take several weeks. You will be notified by mail of the status of your complaint.
- Should you have any additional questions regarding the complaint form, you may contact the Human Resources Department at Sun Van.

Return your completed, notarized form to:

**Sun Van
Human Resources Department
3401 E. Ajo Way
Tucson, Arizona 85713**

**SUN TRAN/SUN VAN
DISCRIMINATION COMPLAINT FORM (External)**

Please complete, sign and notarize: (Incomplete, unsigned, non-notarized forms will not be accepted and will be returned.)

I. COMPLAINANT INFORMATION:

Name: _____

Home Address: _____ City/State/Zip: _____

Home Telephone #: _____ Alternate Telephone #: _____

Is this complaint relative to: Employment Public Accommodation Services

II. TYPE OF COMPLAINT: On what basis do you believe you are being or have been discriminated against?

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex
<input type="checkbox"/> Color	<input type="checkbox"/> Sexual/Affectional Preference	<input type="checkbox"/> Religion
<input type="checkbox"/> Disability	<input type="checkbox"/> Age (40+ Employment)	
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age (18+ Public Accommodation)	

III. DESCRIBE HOW YOU WERE DISCRIMINATED AGAINST: Beginning with the most recent incident, please list events in reverse chronological order by date of occurrence. Be specific. Attach additional pages, if necessary.

IV. NAME, ADDRESS AND TELEPHONE NUMBER OF PERSONS WHO HAVE DIRECT KNOWLEDGE OF THE EVENTS LISTED ABOVE:

A. Name: _____

Address: _____

City/State/Zip: _____ Telephone #: _____

B. Name: _____

Address: _____

City/State/Zip: _____ Telephone #: _____

C. Name: _____

Address: _____

City/State/Zip: _____ Telephone #: _____

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

VI. HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY?

_____ YES _____ NO

Please attach copies of any available documentation relating to this complaint.

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 before me this _____ day of _____, _____

Notary Public

My commission expires:

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