CY2024 Agency Complaint Data

**I. Agency Name : COPY TEMPLATE & ADD YOUR AGENCY NAME**

| Bases | Internal  Complaints  Total by Type CY 2024 | Percent  % of  Total by  Type |  | Formalized  Claims  (EEOC or Court)  Total by Type CY 2024 | Mediated  Cases  Total by  Type  CY 2024 | Aged Cases Open > year Total by  Type  CY 2024 | Resolved  Cases  Total by  Type  CY 2024 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age | 0 | 0 | 0 | 0 | 0 | 0 |
| Disability | 0 | 0 | 0 | 0 | 0 | 0 |
| Equal Pay | 0 | 0 | 0 | 0 | 0 | 0 |
| Genetic  Information | 0 | 0 | 0 | 0 | 0 | 0 |
| Harassment | 0 | 0 | 0 | 0 | 0 | 0 |
| Sexual  Harassment | 0 | 0 | 0 | 0 | 0 | 0 |
| National Origin | 0 | 0 | 0 | 0 | 0 | 0 |
| Pregnancy | 0 | 0 | 0 | 0 | 0 | 0 |
| Race/Color | 0 | 0 | 0 | 0 | 0 | 0 |
| Religion | 0 | 0 | 0 | 0 | 0 | 0 |
| Retaliation | 0 | 0 | 0 | 0 | 0 | 0 |
| Sex | 0 | 0 | 0 | 0 | 0 | 0 |
| Cumulative  TOTALS  for each column | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Separations of EO Complainants (of internal  employees) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Applicant Complaints | 0 | 0 | 0 | 0 | 0 | 1 |

**II. Contact Name:**

**Title:**

**Phone:**

**Email:**

**III. Person in charge of sending EEOC Charge Letters to GOEO (if different):**

**Contact Name and Title:**

**Phone:**

**Email:**

Send to: EqualOpportunity@az.gov