



CUSTOMS & QUARANTINE AGENCY, GUAM

Guam's First Line of Defense | Protecting Our Island, Our People, and Our Resources

CQA Complaint Form

The following information is needed to assist in processing your complaint. Please submit form and any additional information to:

CQA Nondiscrimination Program
ATTN: CQA ASO, Pilar Carbullido
770 East Sunset Boulevard, Suite 240
Guam Integrated Air Cargo Facility Tiyan, Guam 96913
Phone: (671) 475-6220 or Email: pilar.carbullido@cqa.guam.gov

Complainant's Information:

Name: _____
Address: _____
Village: _____ State: _____ Zip code: _____
Contact numbers: (H): _____ (W): _____ (C): _____

Person Discriminated Against (someone other than the complainant):

Name: _____
Address: _____
Village: _____ State: _____ Zip code: _____
Contact numbers: (H): _____ (W): _____ (C): _____

Complainant is:

Civilian Active Military Dependent Military Retailer/Vendor Government Agency
 CQA Employee Visitor Customer Other (Specify) _____

Which of the following best describes the reason you believe the discrimination to place?

Race/Color (Specify): _____ National Origin (Specify): _____
 Sex (Specify): _____ Age (Specify): _____
 Religion (Specify): _____ Disability (Specify): _____

On what day did the allege discrimination take place? _____

Is the circumstances of your complaint continuing? Yes No

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper.)

List the names and contact information of person(s) who may have knowledge of the alleged discrimination.

Please sign below, you may attach any written material or other information you think is relative to your complaint.

Signature: _____ Date: _____