CHARGE OF DISCRIMINATION			AGENCY	CHARGE NUMBER		
This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.		🖾 FEPA				
			EEOC			
			and EEOC			
(State or Local Agency, If Any)						
NAME (Indicate Mr., Ms, or Mrs.)			HOME TELEPHONE NUMBER (include Area Code)			
STREET ADDRESS CITY, STATE A			ZIP CODE		OF BIRTH	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (<i>If more than one list below</i>).						
NAME	NO. OF EMP	OYEES/MEMBERS	TELEPHONE NUMBER (include Area Code)			
STREET ADDRESS CITY, STATE AND 2			IP CODE COUNTY			
NAME	NO. OF EMP	LOYEES/MEMBERS	TELEPHONE NUM	BER (include Area Co	de)	
STREET ADDRESS CITY, STATE AND ZIP C				CODE		
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))				DATE DISCRIMINATION TOOK PLACE		
	TIONAL ORIGIN	EARLIEST		LATEST		
RETALIATION AGE DISABILITY OTHER (Specify)				ING ACTION		
THE PARTICULARS ARE (If additional space is needed, attached extra sheet(s))						
I want this charge filed with the EEOC and the State FEPA. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – (When necessary to meet State and Local Requirements)				
		I swear or affirm that I have read the above charge and that it is true to the				
bes		best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT				
r doordre under penalty of perjury that the foregoing is true and correct.		SIGNATORE OF COM				
SUBSCRIBED AND S (Month, day and year)		VORN TO BEFORE ME THIS DATE:				
Date Charging Party (Signature)						