

| | | | |
|---|--|--|---------------|
| <div>CHARGE OF DISCRIMINATION</div> <div>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</div> | | Charge Presented To: Agency(ies) Charge No(s): | |
| | | | |
| _____ and EEOC <i>State or local Agency, if any</i> | | | |
| Name <i>(indicate Mr., Ms., Mrs., Miss, Dr., Hon., Rev., etc.)</i> | | Home Phone | Year of Birth |
| Street Address, City State and ZIP Code | | | |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. <i>(If more than two, list under PARTICULARS below.)</i> | | | |
| Name | | No. Employees, Members | Phone No. |
| Street Address, City State and ZIP Code | | | |
| Name | | No. Employees, Members | Phone No. |
| Street Address, City, State and ZIP Code | | | |
| DISCRIMINATION BASED ON | | DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest | |
| THE PARTICULARS ARE <i>(If additional paper is needed, attach extra sheet(s))</i> : | | | |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. | | NOTARY – <i>When necessary for State and Local Agency Requirements</i> | |
| I declare under penalty of perjury that the above is true and correct. | | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT | |
| _____ Date | | SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <i>(month, day, year)</i> | |
| _____ Charging Party Signature | | | |