Charge of Discrimination	Charge Presented T	Co: Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		
State or local Ages	ncy, if any	and EEOC
Name (indicate Mr., Ms., Mrs., Miss, Mx., Dr., Hon., Rev., etc.)	Home Pho	one Year of Birth
Street Address, City State and ZIP Code		\
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Comn Against Me or Others. (<i>If more than two, list under PARTICULARS below.</i>)	nittee, or State or Local Governm	nent Agency That I Believe Discriminated
Name	No. Employees,	Members Phone No.
Street Address, City State and ZIP Code	(5
Name	No. Employees,	Members Phone No.
Street Address, City, State and ZIP Code	11/9	
DISCRIMINATION BASED ON	DATE(S) DISCRIMINA Earliest	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):		
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 – When necessary for S	itate and Local Agency Requirements
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 Charging Party Signature	SUBSCRIBED AND SWORN TO	D BEFORE ME THIS DATE (month, day, year)