

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): _____
<hr/> 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
_____ <i>Date</i>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (<i>month, day, year</i>)
_____ <i>Charging Party Signature</i>		