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| Charge Of Discrimination | | | | | | | | | | | | | | | | | | | | | | | | | | | | Charge Presented To: | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | FEPA | | | |  | | | | | | | |
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| *State or local Agency, if any* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Name *(indicate Mr., Ms., Mrs.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Phone *(Incl. Area Code)* | | | | | | | | Date of Birth | | | | |
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| Street Address City, State and ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (*If more than two, list under PARTICULARS below.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No. Employees, Members | | | | | | | Phone No. *(Include Area Code)* | | | | | |
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| DISCRIMINATION BASED ON *(Check appropriate box(es).)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE(S) DISCRIMINATION TOOK PLACE | | | | | | | | | |
| Earliest | | | | | | | Latest | | |
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|  | | |  | | RETALIATION | | | | | | | |  | AGE | | | |  | DISABILITY | | |  | | GENETIC INFORMATION | | | | | | | |  | | | | | | |  | | | |
|  | | | | | |  | | | OTHER *(Specify)* | | | | | | |  | | | | | | | | | | | | | | | | |  |  | | CONTINUING ACTION | | | | | | |
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| THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s)):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 State and Local Agency Requirements* | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | |
| I declare under penalty of perjury that the above is true and correct. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (*month, day, year*) | | | | | | | | | | | | | | | |
|  | *Date* | | | | | | | | | |  | *Charging Party Signature* | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |
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