|  |
| --- |
| EEOC Form 5 (11/09) |
| Charge Of Discrimination | Charge Presented To: | Agency(ies) Charge No(s): |
| This form is affected by the Privacy Act of 1974. See enclosed Privacy ActStatement and other information before completing this form. |  |  |  | FEPA |  |
|  |  |  |  |  |
|  | **X** |  | EEOC |  |
|  |  |
|  |  | and EEOC |
| *State or local Agency, if any* |  |
| Name *(indicate Mr., Ms., Mrs.)* | Home Phone *(Incl. Area Code)* | Date 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. (*If more than two, list under PARTICULARS below.*) |
| Name | No. Employees, Members | Phone No. *(Include Area Code)* |
|  |  |  |
| Street Address City, State and ZIP Code |
|  |
| Name | No. Employees, Members | Phone No. *(Include Area Code)* |
|  |  |  |
| Street Address City, State and ZIP Code |
|  |
| DISCRIMINATION BASED ON *(Check appropriate box(es).)* | DATE(S) DISCRIMINATION TOOK PLACE |
| Earliest | Latest |
|  |  | RACE |  | COLOR |  | SEX |  | RELIGION |  | NATIONAL ORIGIN |  |  |
|  |  |  |
|  |  | RETALIATION |  | AGE |  | DISABILITY |  | GENETIC INFORMATION |  |  |
|  |  | OTHER *(Specify)* |  |  |  | CONTINUING ACTION |
|  |  |
| 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 State and Local Agency Requirements* |
|  |
| 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. |
|  | SIGNATURE OF COMPLAINANT |
|  |  |  |  |  |  |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE(*month, day, year*) |
|  | *Date* |  | *Charging Party Signature* |  |  |
|  |  |