

**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):

FEPA  
 EEOC

**Florida Commission On Human Relations** and EEOC

State or Local Agency, if any

Name **Ms.**

Home Phone

**407-**

Date of Birth

Street Address

City, State, 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. Employee Members

**500+**

Phone No

**407-**

Street Address

City, State, Zip Code

5

Name

No. Employee Members

Phone No

Street Address

City, State, Zip Code

DISCRIMINATION BASED ON (Check Appropriate box(es).)

- RACE       COLOR       SEX       RELIGION       NATIONAL ORIGIN
- RETALIATION       AGE       DISABILITY       OTHER (Specify below)

DATES DISCRIMINATION TOOK PLACE

Earliest

Latest



CONTINUING ACTION

THE PARTICULAR ARE (If additional paper is needed, attach extra sheet(s)):

I. PERSONAL HARM:

II. RESPONDENT'S REASON FOR TERMINATION:

III. DISCRIMINATION STATEMENT;

I believe I have been discriminated against and harassed because of my \_\_\_\_\_ in violation of the 1992 Civil Rights Act and Title VII of the 1964 Act for the following reasons:

- 1.
- 2.
- 3.
- (4)
- (5)
- (6)

(7)

(8)

(9)

(10)

(11)

(12)

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.

I declare under the penalty of perjury that the above is true and correct.

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.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month,day,year)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Charging Party Signature