

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy act statement before completing this form.

_____ and EEOC
State or local Agency, if any

AGENCY

FEPA

EEOC

CHARGE NUMBER

NAME (*Indicate Mr., Ms., Mrs.*)

HOME TELEPHONE (*Include Area Code*)

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below).

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (*Include Area Code*):

+15

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

NAME

NUMBER OF EMPLOYEES, MEMBERS:

TELEPHONE (*Include Area Code*)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (*Check appropriate box (es)*)

RACE

COLOR

SEX

RELIGION

NATIONAL ORIGIN

RETALIATION

AGE

DISABILITY

OTHER Pregnancy Act

DATE DISCRIMINATION TOOK PLACE

EARLIEST (ADEAJEPA) LATEST (ALL)

CONTINUING ACTION

THE PARTICULARS ARE (*If additional space 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 telephone Number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

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

Date: _____ Charging Party: _____

State of Virginia
 City of Richmond to wit:

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.

/s/ _____ DATE
 SIGNATURE OF COMPLAINANT

Sworn to and subscribed to before the undersigned notary public in and for said jurisdiction this ____ day of _____, 200____.

My commission expires: / /

 Notary Public