

CHARGE OF DISCRIMINATION		AGENCY 1	CHARGE NUMBER 2
This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.		<input checked="" type="checkbox"/> FEPA	
		<input checked="" type="checkbox"/> EEOC	
3 _____ and EEOC <i>(State or Local Agency, If Any)</i>			
NAME <i>(Indicate Mr., Ms., or Mrs.)</i>		HOME TELEPHONE NUMBER <i>(include Area Code)</i>	
4			
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 <i>(If more than one list below)</i> .			
NAME		NO. OF EMPLOYEES/MEMBERS	TELEPHONE NUMBER <i>(include Area Code)</i>
5			
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
NAME		NO. OF EMPLOYEES/MEMBERS	TELEPHONE NUMBER <i>(include Area Code)</i>
6			
STREET ADDRESS		CITY, STATE AND ZIP CODE	
CAUSE OF DISCRIMINATION BASED ON <i>(Check appropriate box(es))</i>		DATE DISCRIMINATION TOOK PLACE	
7		EARLIEST LATEST	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER <i>(Specify)</i>		8	
		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE <i>(If additional space is needed, attached extra sheet(s))</i>			
9			
I want this charge filed with the EEOC and the State FEPA. 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.		NOTARY – <i>(When necessary to meet State and Local Requirements)</i>	
		10	
		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 foregoing is true and correct.		SIGNATURE OF COMPLAINANT	
Date		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE: <i>(Month, day and year)</i>	
Charging Party <i>(Signature)</i>			

EXPLANATION OF FORM

- ❶ Check both boxes. This box indicates the agency or agencies handling your charge. The best practice is to check both boxes so it is clear that you want your charge investigated by both federal and state agencies.
- ❷ Leave this blank, unless you already have a charge number (most likely you don't). This is where the agency will write your charge number when they process your form.
- ❸ Write in the name of your state agency. State agency names are listed at www.eecoffice.com. For instance, if you live in Texas, you would write "Texas Workforce Commission Civil Rights Division."
- ❹ Fill out your name, address, phone number, and birthday. Make sure this information is correct. The agency will use this information to contact you. If your contact information changes after you file your charge, make sure to contact the agency promptly with the new information.
- ❺ Fill out the name of the company that violated your rights. Make sure you name the right company! The legal name of your employer probably appears on your paycheck. Most employment discrimination laws cover unions and employment agencies as well as ordinary businesses, so include them if they discriminated against you. If you do not know the number of employees, estimate it. Most agencies look for employers with more than 15 employees, so be wary of listing less than 15 employees (20 for age discrimination cases). If the employer has more than 500 employees, just write "501+."
- ❻ If there is a second entity that violated your rights, put its name here. There are some instances where there may be two responsible companies, for example, a parent company and a franchisee. If there are three or more companies, you should attach an additional page to your Charge listing these additional employers.
- ❼ Check the box for each type of discrimination you suffered. If you were retaliated against because you opposed discrimination in the workplace (discrimination against you or someone else) make sure to check retaliation. If you complained about discrimination (especially to HR or a supervisor), and then you were terminated/demoted/etc., you may be able to claim retaliation. Many employees forget to check retaliation even though retaliation claims can be some of the strongest claims to assert against an employer. Finally, I recommend checking the "other" box and writing in "State Law." This makes it clear you want state claims investigated as well.
- ❽ Put the "start" and "stop" dates of discrimination here. Include all dates of discrimination! You do not want to be limited later because you were too narrow in your time frame. If the discrimination is still continuing, write "present" as the end date and check the box that says "continuing action."
- ❾ Describe the discrimination you experienced. My suggestion is this: (1) Number your statements, (2) go in chronological order, and (3) be as specific as possible. If you have difficulty explaining what happened to you, review the sample forms available for purchase at www.eecoffice.com. You can mimic them in explaining your own situation. If you need additional space (most do) continue this section on an additional page and attach it to the Charge.
- ❿ Sign your Charge in front of a notary public. Many states require your Charge to be notarized, or it will not be valid. You can find a notary at most banks, title companies, law firms, etc.

THIS FORM IS AVAILABLE FOR PURCHASE IN MICROSOFT WORD FORMAT AT
www.EEOOFFICE.com.

IF YOU FOUND THIS HELPFUL, CONSIDER PURCHASING THE ***EEOCOFFICE.COM***
COMPLETE EEOC AND STATE FEPA FORM LIBRARY. ALL THE FORMS YOU NEED
TO FIGHT YOUR CLAIM AND WIN AT YOUR FINGERTIPS.