CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.	AGENCY ☐ FEPA ☐ EEOC	CHARGE NUMBER

FLORIDA COMMISSION ON HUMAN RELATIONS and
EEOC and
The Local Agency, If any

NAME (Indicate Mr., Ms., Mrs.)		HOME TELEPHONE (
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 more than	TELEPHONE (Include Area Code)
STREET ADDRESS	City, State and Zip Code	COUNTY
NAME		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 ☐AGE ☐RETALIATION ☐NATIONAL ORIGIN ☐DISABILITY ☐ OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST(ALL) ☐CONTINUING ACTION

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

Respondent has discriminated against me because of my _____. I believe the Respondent has violated Title VII of the Civil Rights Act of 1964, as amended, and the Florida Civil Rights Act of 1992, as amended, the local laws prohibiting discrimination in the workplace.

I want this charge filed with the EEOC, Florida Commission on Human Relations, and the 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.	NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
I declare under penalty of perjury that the foregoing is true and correct Date Charging Party (Signature)	Signature of Notary below SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE: (Day, month and year)