

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.	AGENCY	CHARGE NUMBER
	<input type="checkbox"/> FEPA <input type="checkbox"/> EEOC	

Illinois Department of Human Rights and EEOC
State or local Agency, if any

NAME (<i>indicate Mr., Ms., Mrs.</i>)	HOME TELEPHONE NUMBER (<i>Include area code</i>)
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STREET ADDRESS	CITY, STATE AND ZIP CODE	DATE OF BIRTH
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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 15+	TELEPHONE NUMBER (<i>Include area code</i>)
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STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY
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CAUSE OF DISCRIMINATION BASED ON (<i>Check appropriate box(es)</i>) <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>)	DATE DISCRIMINATION TOOK PLACE EARLIEST (<i>ADEA/EPA</i>) LATEST (<i>ALL</i>)	
	<input type="checkbox"/> CONTINUING ACTION	

EXHIBIT A

<input type="checkbox"/> I also want this charge filed with the EEOC. 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	NOTARY (when necessary for State and Local 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.

procedures.

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

Date
(signature)

Charging Party

SIGNATURE OF COMPLAINT

DATE

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