

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974; see Privacy Act Statement before Completing this form.	Agency _____ FEPA _____ EEOC	CHARGE NUMBER
<b>Florida Commission on Human Relations and EEOC and Local Agency, if any</b>		
Name (Indicate Mr., Ms., or Mrs.)	Home Telephone (    )	
Street Address	City, State and Zip Code	County
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 (    )
Street Address	City, State and Zip Code	
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"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> OTHER <i>(Specify)</i> _____		Date discrimination took place: Earliest: Latest: <input type="checkbox"/> Continuing Action
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):		
<input checked="" type="checkbox"/> I want this charge filed with the EEOC and State or Local Agency, if any. I will advise the agency 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 to meet State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.  Date _____ Charging Party <i>(Signature)</i> _____	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  _____ OF _____, 20____