

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 Local Agency, if any		
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____		_____