**EEOC-Steps for a Charge of Discrimination**

**Please ensure the following steps are completed in this order for an EEOC claim.**

1. The request for a reasonable accommodation must be submitted, and then it has to be denied. the accommodation submitted from a physician must be denied. Present the denial to OPS-Office of Professional Standards (labor).
2. After denial, send a letter stating that you are being discriminated against as a result of your disability to the SCS EEOC office.
3. If you are denied from the SCS EEOC office, file a claim**\*** with the Federal EEOC office. Either online: <https://www.eeoc.gov/field-office/memphis/location> or at 1407 Union Avenue.

**\*Please see the below form as an example to use for your charge of discrimination with the Federal EEOC office.**

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|  | | | Charge Presented to: Agency(ies) Charge No(s):  FEPA  X EEOC | | | |
| and EEOC  *State or local Agency, if any* | | | | | | |
| Name (*indicate Mr. Ms. Mrs.*) | | Home Phone (Incl. Area Code) | | | | Date of Birth |
| Street Address City, State and ZIP Code | | | | | | |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (*If more than two, list under PARTICULARS below.*) | | | | | | |
| Name | No. Employees, Members | | | | Phone No. (Include Area Code) | |
| Street Address City, State and ZIP Code | | | | | | |
| Name | No. Employees, Members | | | | Phone No. (Include Area Code) | |
| Street Address City, State and ZIP Code | | | | | | |
| DISCRIMINATION BASED ON (*Check appropriate box(es).*)  RACE COLOR SEX RELIGION NATIONAL ORIGIN  RETALIATION AGE DISABILITY OTHER (Specify below.) | | | | DATE(S) DISCRIMINATION TOOK PLACE  Earliest Latest    CONTINUING ACTION | | |
| THE PARTICULARS ARE (*If additional paper is needed, attached extra sheet(s)*): \*\*Example  I was hired in (date) as a full-time teacher, and I am tenured. I suffer from diabetes and my physician states that I am significantly susceptible to COVID-19. My physician also stated because of my disability, diabetes, I need to request a reasonable accommodation from my employer to minimize my risks for catching COVID-19. My physician provided an excuse that I submitted to my employer, which requested that I be allowed a reasonable accommodation to work remotely from home, as all classes are being taught virtually this school year. The school administration denied my request for this reasonable accommodation with no reason or justification.  I believe that I have been discriminated against because of my disability, diabetes, in violation of Title VII of the Rights Act of 1964, as amended. | | | | | | |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone 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 Agency Requirements* | | | |
| I declare under penalty of perjury that the above is true and correct.  \_  *Date* *Charging Party Signature* | | | 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 COMPLANANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  (*month, day, year*) | | | |