

**FORM TO FILE A FORMAL EEOC CHARGE OF EMPLOYMENT
DISCRIMINATION**

Name _____

Address _____

Email _____

Telephone number _____

Employer Name _____

Employer Address _____

Employer Email _____

Employer Telephone Number _____

The number of employees employed there (if known) _____

A short description of the actions you believe were discriminatory (for example, you were fired, demoted, harassed)

When the discriminatory actions took place _____

Why you believe you were discriminated against (for example, because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, genetic information, or retaliation)

Your signature _____