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.
State or local Agency, if any

NAME (Indicate Mrs.)		HOME TELEPHONE (Include area code)
STREET ADDRESS CITY, STATE AND ZIP CODE		DATE OF BIRTH

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 (Include area code)
STREET ADDRESS CITY, STATE AND ZIP CODE		COUNTY
NAME	NUMBER OF EMPLOYEES, MEMBERS	TELEPHONE (Include area code)
STREET ADDRESS CITY, STATE AND ZIP CODE		COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es) __ Race ___Color Sex __ ___Religion ___National origin __ Retaliation ___Age ___Disability __ Other *(Specify)*	DATE DISCRIMINATION TOOK PLACE Earliest Latest

THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. STATEMENT OF HARM

II. STATEMENT OF DISCRIMINATION

I believe that I have been discriminated against because of _____, in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Florida Civil Rights Act.

_X_ 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 telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	SIGNATURE OF COMPLAINANT _____ 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.
I declare under penalty of perjury that the foregoing is true and correct. Charging Party, *(Signature)* Date:	NOTARY (When necessary for State and Local Requirements) Subscribed and Sworn to Me this Date _____ day of _____, 2008. Signature of Notary Seal: