

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

and EEOC

State or local Agency, if any

NAME(Indicate Mr., Ms., 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

TELEPHONE (Include Area Code)

Alabama Department of Transportation

Over 15

(334) 242-6329

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1409 Coliseum Boulevard

Montgomery, Alabama 36110

Montgomery

NAME

State of Alabama Personnel Department

TELEPHONE NUMBER (Include Area Code)

(334) 242-3389

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

300 Folsom Administrative Building, 64 North Union Street, Montgomery, Alabama 36130-4100

Montgomery

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE
EARLIEST (ADEA/EPA) LATEST (ALL)

RACE COLOR SEX RELIGION AGE
 RETALIATION NATIONAL ORIGIN DISABILITY OTHER (Specify)
ORIGIN

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

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 I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

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.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

(Day, month, and year)

Date

Charging Party (Signature)

