

**OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION
EMPLOYMENT**

Agency Use Only

- FEPA
 EEOC

CHARGE NUMBER: (Agency Use Only)

Completely Fill in the Following

Name of Charging Party (First Middle Last)

Name of Company

Address

Address

City State Zip Code County

City State Zip Code County

Telephone Number

Telephone Number

Date(s) of Discrimination

Total Number of Employees

Date of Hire

I believe I was discriminated against because of my: (Please identify)

- | | |
|--|---|
| <input type="checkbox"/> Race/Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> National Origin/Ancestry _____ |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation _____ |
| <input type="checkbox"/> Military Status | |
| <input type="checkbox"/> Age (Over 40 years old only - List Date of Birth) _____ | |

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

Type of Discrimination:

- | | | |
|--|--|---|
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Failure to Hire | <input type="checkbox"/> Forced to Resign | <input type="checkbox"/> Harassment/Sexual Harassment |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Promotion | <input type="checkbox"/> Reasonable Accommodation |
| <input type="checkbox"/> Other (Specify) _____ | | |

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Charging Party Signature Date

Notary or Ohio Civil Rights Commission Representative

Subscribed and sworn to before me on this _____ day of _____ 20__

Notary or Commission Representative