

9.1.1.18 Appendix A.

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		AGENCY <input checked="" type="checkbox"/> FEPA <input type="checkbox"/> EEOC	CHARGE NUMBER
NEW MEXICO LABOR DEPARTMENT, HUMAN RIGHTS DIVISION AND EEOC STATE OR LOCAL AGENCY, IF ANY			
NAME (INDICATE MR., MRS., MS.)		HOME TELEPHONE (INCLUDING 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 (INCLUDING AREA CODE)
STREET ADDRESS		CITY, STATE, AND ZIP CODE	COUNTY
NAME		TELEPHONE (INCLUDING AREA CODE)	
STREET ADDRESS		CITY, STATE, AND ZIP CODE	COUNTY
Cause of discrimination based on <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Retaliation <input type="checkbox"/> Age <input type="checkbox"/> Other (Specify)		(check appropriate box (es)) <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> National Origin	Date discrimination took place Earliest (ADEA/EPA) latest (all) <input type="checkbox"/> Continuing action
THE PARTICULARS ARE (IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEET (S)):			
<input type="checkbox"/> I also want this charge filed with EEOC, 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 or perjury that the foregoing is true and correct.		SIGNATURE OF COMPLAINANT	
		SUBSCRIBED AND SWORN TO BEFORE ME THIS (Day, month, and year)	
Date	Charging Party (signature)		