I. CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before Completing this form.

II.

III. AGENCY

☐ FEPA

☐ EEOC

IV. CHARGE NUMBER

Virgin Islands Department of Labor 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	TLEPHONE *(Indicate Area Code)*

STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY United States Virgin Islands

NAME	TLEPHONE NUMBER *(Indicate 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 DISCRIMNATION TOOK PLACE

EARLIEST LATEST

☐ 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.

Date Charging Party *(Signature)*

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)