OHIO CIVIL RIGHTS COMMISSION CHARGE OF DISCRIMINATION EMPLOYMENT	Agency Use Only ☐ FEPA ☐ EEOC	CHARGE NUMBER: (Agency Use Only)

<div align="center">Completely Fill in the Following</div>

_____
Name of Charging Party (First Middle Last)

_____
Address

_____
City   State   Zip Code   County

_____
Telephone Number

_____
Date(s) of Discrimination

_____
Name of Company

_____
Address

_____
City   State   Zip Code   County

_____
Telephone Number

_____
Total Number of Employees   Date of Hire

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

☐ Race/Color _____

☐ Sex _____

☐ Disability

☐ Military Status

☐ Age (Over 40 years old only - List Date of Birth) _____

☐ Religion _____

☐ National Origin/Ancestry _____

☐ Retaliation _____

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:

☐ Demotion   ☐ Discharge/Termination   ☐ Discipline

☐ Failure to Hire   ☐ Forced to Resign   ☐ Harassment/Sexual Harassment

☐ Layoff   ☐ Promotion   ☐ Reasonable Accommodation

☐ 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.	Notary or Ohio Civil Rights Commission Representative Subscribed and sworn to before me on this _____ day of _____ 20 ___
_____ Charging Party Signature Date	_____ Notary or Commission Representative