EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

- [ ] FEPA
- [x] EEOC

Agency(ies) Charge No(s): 440-2019-04565

Illinois Department Of Human Rights and EEOC

State or local Agency, if any

Name *(indicate Mr., Ms., Mrs.)*	Home Phone	Year of Birth
[redacted]	[redacted]	

Street Address: [redacted]

City, State and ZIP Code:

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. *(If more than two, list under PARTICULARS below.)*

Name	No. Employees, Members	Phone No.
ROCKFORD HOUSING AUTHORITY	**15 - 100**	**(815) 489-8520**

Street Address: **223 S. Winnebago Drive,**

City, State and ZIP Code: **ROCKFORD, IL 61102**

Name	No. Employees, Members	Phone No.

Street Address:

City, State and ZIP Code:

DISCRIMINATION BASED ON *(Check appropriate box(es).)*

- [x] RACE
- [ ] COLOR
- [ ] SEX
- [ ] RELIGION
- [ ] NATIONAL ORIGIN
- [x] RETALIATION
- [ ] AGE
- [ ] DISABILITY
- [ ] GENETIC INFORMATION
- [ ] OTHER *(Specify)*

DATE(S) DISCRIMINATION TOOK PLACE

Earliest	Latest
07-02-2018	**01-19-2019**

- [x] CONTINUING ACTION

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

I began my employment with Respondent in or around December 2017. My most recent position was Painter. During my employment, I complained of racial harassment by my coworkers and supervisors; subsequently, I was subjected to increased harassment. I complained. On or about January 19, 2019, I was discharged.

I believe I have been discriminated against because of my race, Black, and in retaliation for engaging in protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

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

I declare under penalty of perjury that the above is true and correct.

Digitally signed by [redacted] 05-16-2019 11:40 AM EDT

NOTARY - *When necessary for State and Local Agency 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.

SIGNATURE OF COMPLAINANT

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