CHARGE NUMBER **CHARGE OF DISCRIMINATION Fair Employment Practices Little River Band of Ottawa Indians** NAME (Last, First, Middle Initial) TELEPHONE (Include area code) STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH EMPLOYER/LABOR ORGANIZATION SUBJECT OF CHARGE (If more than one list below.) NUMBER OF EMPLOYEES, MEMBERS NAME TELEPHONE (Include Area Code) STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY NAME TELEPHONE (Include Area Code) STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY CAUSE OF DISCRIMINATION BASE ON (Circle appropriate box (es)) DATE DISCRIMINATION TOOK PLACE Earliest Latest \square COLOR $\ \square \ \ \mathsf{NATIONAL} \ \mathsf{ORIGIN}$ □ RACE \square SEX □ RELIGION □ RETALIATION □ AGE □ DISABILITY □ SECTION 16.14 RIGHTS □ CONTINUING ACTION □ OTHER (SPECIFIY) THE PARTICULARS ARE: if additional space is needed, attach extra sheet(s) I declare under penalty of perjury that the foregoing facts (including the facts set forth on the attached additional pages) are true and correct. Date: **Charging Party Signature**