



# State of North Carolina CIVIL RIGHTS DIVISION

## Employment Discrimination Charge Intake Form

Your Name:			
Address:		City:	
State:	Zip:	County:	
Home Phone:		Work Phone:	
Email Address:		Cell Phone:	
Gender:    Male    Female	Age:                      Date of Birth:		
Race:		National Origin:	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> American Indian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Provide the name of the State or County Government Agency you believe discriminated against you:

Name of the Agency:					
Agency's Address:				Agency's City:	
Agency's State:		Agency's Zip:		Agency's County:	
Agency's telephone number (with area code):					
Most recent date of alleged harm:					
Reason for filing:					
Age (40 & over)	Disability	National Origin	Race	Retaliation	Sexual Harassment
Color	Genetic Information	Pregnancy	Religion	Sex/Gender	
A short description of what happened:					

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* You may submit this form via email to [civilrightsdiv@oah.nc.gov](mailto:civilrightsdiv@oah.nc.gov) \*\*

**\*\* By completing this form you have not filed a charge of employment discrimination. \*\***

NC Office of Administrative Hearings - Civil Rights Division  
6714 Mail Service Center, Raleigh, NC 27699  
(984) 236-1919 phone / (984) 236-1946 fax

*Charge Intake Form Revision: 10/2022*