

CIVIL RIGHTS DIVISION

Charge Intake Form

Your Name:			
Street:		City:	
State:	Zip:	County:	
Home Phone:		Work Phone:	
Email Address:		Cell Phone:	
Gender: Male Female		Age: Date of Birth:	
Race:		National Origin:	
□Black	White	American	Native American
Asian/Pacific Islander	Alaskan Native	Hispanic	
American Indian	Other	Other	
Name of the Agency: Street:	7:0.	City:	
State:	Zip:	County:	
Agency's telephone no. (with area code): Most recent data of alloged harm (that you holious was discrimination) to your			
Most recent date of alleged harm (that you believe was discrimination) to you: Do you think this happened to you because of your (check as appropriate):			
Race Sex	National Origin	Disability	Age (40 & over)
Color Religion	Pregnancy	Retaliation	Sexual Harassment
Other			Jexual Harassillelit
In your own words, briefly des description of what happened			be discriminatory. A short
Signature: Date:			

You may submit this form via email to civilrightsdiv@oah.nc.gov

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