

CHARGE OF DISCRIMINATION

ENTER CHARGE NUMBER

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.

FEPA
 EEOC

Massachusetts Commission Against Discrimination and EEOC
(State or local Agency, if any)

NAME (Indicate Mr., Ms., or Mrs.) Dr. Richard Beauchesne HOME TELEPHONE NO. (Include Area Code) (978) 657-9721

STREET ADDRESS 7 Valyn Lane, Wilmington, MA 01887 CITY, STATE AND ZIP CODE MA 01887 COUNTY Middlesex

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME Emmanuel College NO. OF EMPLOYEES/MEMBERS _____ TELEPHONE NUMBER (Include Area Code) (617) 735-9825

STREET ADDRESS _____ CITY, STATE AND ZIP CODE _____

NAME _____ TELEPHONE NUMBER (Include Area Code) _____

STREET ADDRESS _____ CITY, STATE AND ZIP CODE _____

CAUSE OF DISCRIMINATION BASED ON (Check appropriate boxes)
 RACE COLOR SEX RELIGION NATIONAL ORIGIN
 AGE RETALIATION OTHER (Specify) _____

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (Month, day, year) May 7, 1999

THE PARTICULARS ARE (If additional space is needed, attached extra sheet(s)):

See attachment

I also want this charge filed with the EEOC.
I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary to meet State and Local Requirements)

[Signature]
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.

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

SIGNATURE OF COMPLAINANT Richard J. Beauchesne

[Signature]
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

Date _____ Charging Party (Signature) _____

July 6, 1999

7/15/99 s.r. 6/10/2003