

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

CITY, STATE AND ZIP CODE

COUNTY

7 Valyn Lane, Wilmington, MA 01887

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

400 The Fenway, Boston, MA 02115

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.

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

NOTARY - (When necessary to meet State and Local 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

(Day, month, and year)

7/15/99

St. 6/10/2003

Date

Charging Party (Signature)

July 6, 1999