

REMEDY INFORMATION

NAME: _____

DATE: _____

1. If your charge alleges failure to promote, what was the salary or salary range you applied for? \$_____. What was the salary of the position you held at the time you applied for the position in question? \$_____.

2. If your charge alleges discharge or suspension without pay, what was the salary of the position you held at the time of discharge or suspension? \$_____.

3. If your charge alleges demotion, what was the salary of the position you held before you were demoted? \$_____. After you were demoted? \$_____.

4. **Other than loss of salary**, what money have you lost as a result of the alleged discrimination (e.g., cost of looking for a new job, cost of health insurance you had to buy, etc.)? Describe each type of loss and provide an approximate dollar value for each type of loss. (NOTE: You should save receipts or other proof of all such expenses.)

5. **Other than monetary losses**, what losses have you incurred as a result of the alleged discrimination (e.g., loss of seniority, no longer part of pension plan, loss of company car, had to seek psychiatric services)?

6. What relief or remedy are you seeking in response to filing a charge with the EEOC?

7. If your charge alleges failure to hire, have you obtained other employment since the date of the alleged discrimination? If yes, please indicate the date of employment and the salary you can earn with this employer? (If there has been more than one employer, please indicate all dates of employment and salary with each employer since your date of discharge or the date you were denied hire by the employer named in your charge.)

I declare under penalty of perjury that all of the information I have given in this document is true and correct to the best of my knowledge.

Signature

Date