

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

FEPA
 EEOC

440-2006-07707

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Marlaina Easton

Home Phone (Incl. Area Code)

(630) 201-5525

Date of Birth

09-27-1977

Street Address

City, State and ZIP Code

6315 N Magnolia 2s, Chicago, IL 60660

Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

COLLEGE OF LAKE COUNTY

No. Employees, Members

101 - 200

Phone No. (Include Area Code)

(312) 223-6601

Street Address

City, State and ZIP Code

19351 Washington, Grayslake, IL 60030

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

09-01-2005

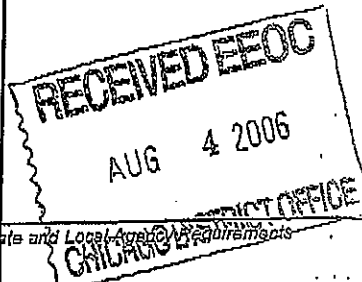
07-06-2006

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was hired by Respondent in or around June 2001. My most recent position is English Professor. During my employment I have been discriminated against because of my race, Black, my national origin, Puerto Rican and my disability. September 23, 2005, I complained to the Human Resources Director about this discrimination, and subsequently I was denied the opportunity to set and administer classroom policy to my students, while non-Black teachers are not held to that same standard, I was singled out and ridiculed in the presence of colleagues and co-workers, disciplined due to absences relating to my disability and denied the opportunity to teach summer classes on campus during regular business hours.

I believe I have been discriminated against because of my race, Black, and my national origin, Puerto Rican, in violation of Title VII of the Civil Rights Act of 1964, as amended, and Title I of the Americans with Disabilities Act of 1990. I also believe I have been retaliated against in violation of Title VII of the Civil Rights Act of 1964, as amended, and Title I of the Americans with Disabilities Act of 1990.



I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

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

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

8-1-06

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)