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**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**INTAKE QUESTIONNAIRE**

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."**

*(PLEASE PRINT)*

**1. Personal Information**

Last Name: Ashenoff, First Name: Charles MI: \_\_\_\_\_  
Street or Mailing Address: 1894 Cabernet Drive Apt Or Unit #: \_\_\_\_\_  
City: Chula Vista County: San Diego State: CA Zip: 91913  
Phone Numbers: Home: (619) 482-4831 Work: (\_\_\_\_) \_\_\_\_\_  
Cell: (619) 841-6676 Email Address: kdoggashenoff@yahoo.com  
Date of Birth: 06/06/64 Sex: Male  Female \_\_\_\_\_ Race: Hispanic  
National Origin / Ethnicity Hispanic Do You Have a Disability? Yes  No

**Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: Cary Ichter Relationship: Attorney  
Address: 1201 West Peachtree St. City: Atlanta State: GA Zipcode: 30309  
Zip: Suite Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (404) 541-2956  
2200

**I believe that I was discriminated against by the following organization(s): (Check those that apply)**

Employer  Union \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

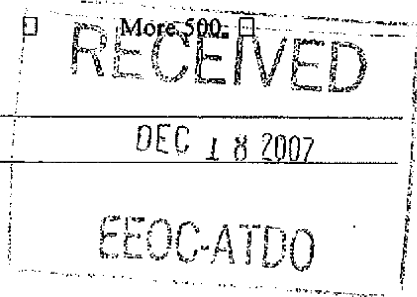
**2. Organization Contact Information**

Organization #1 Name: TNA Entertainment, LLC  
Address: 4100 Spring Valley, Suite 1001  
City: Dallas State: TX Zip: 75244 Phone: (\_\_\_\_) \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_  
Human Resources Director or Owner Name: Dixie Carter Phone: 615-244-5557

**Number of Employees in the Organization at All Locations: Please Check (✓) One**

Less Than 15  15 - 100  101 - 200  201 - 500  More 500

Organization #2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_



City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Location if not at Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number Of Employees In The Organization At All Locations: please check (J) one

Less Than 15  15 - 100  101 - 200  201 - 500  More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: 08/05/2005 Job Title At Hire: Wrestler

Pay Rate When Hired: Paid Per Event Last or Current Pay Rate: Paid Per Event

Job Title at Time of Alleged Discrimination: Wrestler

Name and Title of Immediate Supervisor: Jeffrey Jarrett, Vice President

IF Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

4. What is the reason (basis) for your claim of employment discrimination?

*FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (J) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (J) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (J) RETALIATION.*

Race  Sex  Age  Disability  National Origin  Color  Religion  Retaliation  Pregnancy

Other reason (basis) for discrimination (Explain). \_\_\_\_\_

5. What happened to you that you believe was discriminatory? **Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you.** (Example: 10/02/06 - Written Warning from Supervisor, Mr. John Soto)

A) Date: \_\_\_\_\_ Action: Please see attached.

Name and Title of Person(s) Responsible: \_\_\_\_\_

B) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible \_\_\_\_\_

Describe any other actions you believe were discriminatory.

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

No explanation given. TNA Entertainment LLC has a  
culture of rampant racism and discrimination.

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. All hispanic and/or african/american	wrestlers	at TNA Entertainment LLC
2.		
3.		

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:
- Yes, I have an actual disability
  - I have had an actual disability in the past
  - No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did you ask your employer for any assistance or change in working condition because of your disability?

YES  NO

Did you need this assistance or change in working condition in order to do your job?

YES  NO

If "YES", when? \_\_\_\_\_ To whom did you make the request? Provide full name of person \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Describe the assistance or change in working condition requested?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. <u>All hispanic and/or african/american wrestlers at</u>		
<u>TNA Entertainment LLC</u>		

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B. _____		

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C. _____		

12. Have you filed a charge previously in this matter with EEOC or another agency? YES  NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:  
N/A

14. Have you sought help about this situation from a union, an attorney, or any other source?  
YES  NO  - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Cary Ichter, Esq. and Adriana Midence, Esq.; Thompson Hine, LLP  
currently considering legal action.

APM as counsel for  
Signature Charles Ashenoff

12/18/07  
Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Provide the tracking number at the top of page 1 of this form. Please make a copy of this form for your records before mailing.

**PRIVACY ACT STATEMENT:** This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (10/2006).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.