

CHARGE OF DISCRIMINATION

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

AGENCY

FEDERAL
EEOC

CHARGE NUMBER

02-137
100A03459

State or local Agency, if any

And EEOC

NAME (Indicate Mr., Ms., Mrs.)

BERTRAM HADLEY

HOME TELEPHONE (Include Area Code)

305-653-2825

STREET ADDRESS

CITY, STATE, AND ZIP CODE

1021 NORTHEAST 211TH STREET

NORTH MIAMI BEACH, FLORIDA 33179

DATE OF BIRTH

3/30/58

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

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

RADIO SHACK

OVER 15

(954) 838-8625

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1560 Sawgrass Corp Parkway #100

SUNRISE, FLORIDA 33323

BROWARD

NAME

TELEPHONE (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL)

RACE

COLOR

SEX

AGE

RETALIATION

NATIONAL ORIGIN

DISABILITY

OTHER (Specify)

RELIGION

CONTINUING ACTION

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

I was an employee of Radio Shack between May, 1981 and August 7, 2000. I was subjected to a pattern and practice of harassment and discrimination because I am black. I was harassed and discriminated against in the terms of my employment and was not afforded the same employment opportunities as other non black employees. All of which resulted in a hostile work environment.

On or about August 7, 2000, I was discharged from my position, and replaced by a non black individual.

I believe I have been discriminated against and harassed because of my race, in violation of Title VII of the Civil Rights Act of 1964, as amended.

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 telephone 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 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.

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

SIGNATURE OF COMPLAINANT

Charging Party (Signature)

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