

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMB

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

FEPA
 EEOC

253A1008

TENNESSEE HUMAN RIGHTS COMMISSION

State or local Agency, if any

and EEOC

FILED

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

Mr. Rocky L. Dillard

HOME TELEPHONE (Include Area Cod.

2004 OCT 29 A (425) 496-1523

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRT

P O Box 184, Turtletown, TN 37391

10/08/1964

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)

Tri-State Security Agency, Inc.

Cat A (15-100)

(423) 499-4412

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1450 Mack Smith Road, Chattanooga, TN 37421

065

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

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

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

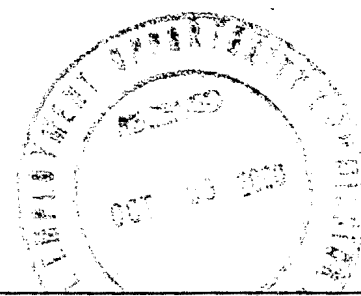
DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST

07/27/2000 07/31/2000

CONTINUING ACTION

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

- I. I was discharged from my position on 7/31/00. I had been employed since February 2, 2000, and the company employs over 15.
- II. I was told that I was too slow. My sister was told that because I take phenobarbital they didn't want me driving their jeeps, and felt that I was a danger on the job. They said that their insurance would not cover me working there, and after 6 months of employment they felt that I was too slow.
- III. I believe that I have been discriminated against because of my disability, in violation of 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 telephone number and 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

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

Date 10-17-00

Rocky L. Dillard
Charging Party (Signature)