

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION	Charge Presented To:	Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	EEOC	423-2022-01737
		and EEOC

<i>State or local Agency, if any</i>		

Name (<i>indicate Mr., Ms., Mrs.</i>)	Home Phone	Year of Birth
Ms. Qunteller K. Gomiller	662-290-4976	

Street Address
907 B Varner St. WINONA, MS 38967

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	No. Employees, Members	Phone No.
Greenwood Leflore Hospital	15 - 100 Employees	

Street Address
1401 River Rd GREENWOOD, MS 38930

Name	No. Employees, Members	Phone No.

Street Address	City, State and ZIP Code

DISCRIMINATION BASED ON	DATE(S) DISCRIMINATION TOOK PLACE				
Race	<table border="1"> <tr> <td>Earliest</td> <td>Latest</td> </tr> <tr> <td>09/15/2022</td> <td>09/15/2022</td> </tr> </table>	Earliest	Latest	09/15/2022	09/15/2022
Earliest	Latest				
09/15/2022	09/15/2022				

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

I was hired on September 30, 2021, as a Medical Lab Assistant. On September 15, 2022, I was discharged. I was informed that I was discharged for violation of company policy as it relates to extreme hair color. I believe that I have been discriminated against in violation of Title VII of The Civil Rights Act of 1964 as amended. based on my race (Black). There are several Black employees who have been allowed to wear extreme hair colors in shades of blonde, orange, grey/purple and they are still employed. I was allowed to wear my strawberry red hair color for approximately three months before the HR Director terminated my employment.

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 – <i>When necessary for State and Local Agency Requirements</i>
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.
Digitally Signed By: Ms. Qunteller K. Gomiller	SIGNATURE OF COMPLAINANT
01/20/2023	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
<i>Charging Party Signature</i>	<i>(month, day, year)</i>