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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	
Florida Commission On Human Relations and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Elias Makere, FSA, MAAA		Home Phone (Incl. Area Code) ###.###.####	Date of Birth MM/DD/YY
Street Address City, State and ZIP Code **** *; Jacksonville, FL 32224			
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 Allstate Benefits		No. Employees, Members 15+	Phone No. (Include Area Code) 800.521.3535
Street Address City, State and ZIP Code 1776 American Heritage Life Dr.; Jacksonville, FL 32224			
Name Allstate Insurance Company		No. Employees, Members 15+	Phone No. (Include Area Code) 847.402.7367
Street Address City, State and ZIP Code 2700 Sanders Rd; Northbrook, IL 60070			
DISCRIMINATION BASED ON (Check appropriate box(es).) ☒ RACE ☒ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION ☐ OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest November 2013 July 2018 ☒ CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): Allstate only fires the black employees who fail exams. 5 Years of racial/sexual harassment. • Racist Dolls, Racist Characterizations • Date Requests (Dinner-&-a-Movie) • Targeted discrimination Culminating in a discriminatory termination. Complainant failed an actuarial exam. Respondent terminated him because of it. Respondent has half-a-dozen other employees who have failed exams. Respondent did not fire any of them. All of whom were non-black. In fact, Respondent has staff that have never even passed an exam; they keep their jobs. Complainant complained (internally, externally), and Respondent retaliated against him. The most recent act of retaliation occurred in July 2018.			
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 28 USC §1746 §92.52 FS	
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	
4/10/2019 Date Charging Party Signature		 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

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