EEOC Form 5 (11/09) Charge Presented To: Agency(ies) Charge No(s): CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act **FEPA** Statement and other information before completing this form. **EEOC** and EEOC State or local Agency, if any Date of Birth Home Phone (Incl. Area Code) Name (indicate Mr., Ms., Mrs.) 1/26/54 Ms. Joanne Kusterer City, State and ZIP Code Street Address 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.) Phone No. (Include Area Code) No. Employees, Members 15 - 100 (908) 354-4600 UNION COUNTY SAVINGS BANK City, State and ZIP Code Street Address 320 North Broad Street, Elizabeth, NJ 07208 Phone No. (Include Area Code) No. Employees, Members Name City, State and ZIP Code Street Address DATE(S) DISCRIMINATION TOOK PLACE DISCRIMINATION BASED ON (Check appropriate box(es).) Latest Farliest NATIONAL ORIGIN 5/21/2002 Present RELIGION RACE COLOR DISABILITY GENETIC INFORMATION X RETALIATION AGE CONTINUING ACTION **Equal Pay** OTHER (Specify) THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): Since the beginning of my employment with the above mentioned employer, I was denied benefits afforded to male employees. Specifically, male employees were provided health insurance for themselves, their spouses and families free of cost. Female employees were not afforded the option of obtaining health insurance coverage for their spouses or families, with only individual coverage being provided. If I had been allowed to do so, I would have opted to obtain coverage for my family from the date I became employed, in May 2002, onward. Beginning December 1, 2012, female employees were given the option of obtaining health insurance coverage for their spouses or families, and I opted to obtain this coverage, but the coverage made available to all employees was more expensive and less comprehensive than that previously available. I continue to have this more expensive and less comprehensive coverage today. Given the above, I believe I have been discriminated against on account of my sex (female) in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Equal Pay Act of 1963. NOTARY - When necessary for State and Local Agency Requirements 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 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 above is true and correct. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) Charging Party Signature

CHARGE OF DISCRIMINATION	Charge Presented To: Agency(ies) Charge No(s):				
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	and EEOC				
State or local Agence THE PARTICULARS ARE (if additional paper is needed, attach extra sheet(s)):	y, if any				
In addition, on December 31, 2012, I received a \$10 per very per week or more that other employees received on that or raise because I had taken steps in the fall of 2012 to explorovision of health insurance coverage and had encourage of my close friendship with a relative of Charlie Morgan, the discrimination publically. Given these facts, I believe I have the Civil Rights Act of 1964, as amended, and the Equal I	date. I believe that my employer gave me a smaller ore filing a charge challenging the discriminatory ged other employees to do the same, and because the former employee who challenged this we been retaliated against in violation of Title VII of				
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cooperate fully with them in the processing of my charge in accordance with their procedures. 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				
19/19/13 June Huturs Charging Party Signature	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)				

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and EEOC									
No. of the Ado Adre	State or local Ager	ncy, if any	Home	Phone (Incl. Area (Code)	Date of Birth			
Name (indicate Mr., Ms., Mrs. Mrs. Joanne DeVi			1101110	Tionie i none (mei. 7 neu esce)					
Street Address		and ZIP Code							
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. (Include Area Code)				
UNION COUNTY S	SAVINGS BANK		1	15 - 100		(908) 354-4600			
Street Address	•	and ZIP Code							
320 North Broad S	Street, Elizabeth, NJ 07208								
Name		No. Employees, Members		ployees, Members	Phone No. (Include Area Code)				
Street Address	City, State a	and ZIP Code							
DISCRIMINATION BASED ON (Check appropriate box(es).)				DATE(S) DISCRIMINATION TOOK PLACE					
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X RETALIATION AGE DISABILITY GENETIC INFORMATION SQUARE SQ				X CONTINUING ACTION					
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):									
Throughout my er	mployment with the above mentioned em	ployer, I hav	ve bee	n denied be	nefits a	afforded to			
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	lies free of cost. Female employees wer								
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I declare under penalty of	perjury that the above is true and correct,	the best of my	knowledg	e, information ar		e and that it is true to			
		SIGNATURE OF COMPLAINANT							
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE							
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Date	Charging Party Signature					-63			

EEOC Form 5 (11/09)									
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provision of health	n insurance coverage and had encourag	ed oth	er er	nployees to do	the same, ar	nd because			
Charlie Morgan, th	ne former employee who challenged this	discri	mina	tion publically,	, is my protnei	r-in-iaw.			
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Date	Charging Party Signature								

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

- 1. FORM NUMBER/TITLE/DATE. EEOC Form 5, Charge of Discrimination (11/09).
- **2. AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
- 3. PRINCIPAL PURPOSES. The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
- 4. ROUTINE USES. This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
- 5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION. Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.