

Street Address
 6491 CROFT OAKS CV
 BARTLETT, TN 38134

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 METHODIST NORTH HOSPITAL	No. Employees, Members 201 - 500 Employees	Phone No. (901) 516-52
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Street Address
 3960 NEW COVINGTON PIKE
 MEMPHIS, TN 38128

Name	No. Employees, Members	Phone No.
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Street Address	City, State and ZIP Code
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DISCRIMINATION BASED ON Religion	DATE(S) DISCRIMINATION TOOK PLACE Earliest 11/06/2021	Latest 12/01/2021
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THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):
 I began my employment with the above name company on June 15, 2015, as a Medical Laboratory Technologist. On August 16, 2021, I was notified by my employer that all employees were required to be fully vaccinated by November 1, 2021. I notified my employer the vaccination conflict with my sincerely held religious belief and requested a religious accommodation that was approved. On November 6, 2021, Lab Director Nichols placed me on two weeks suspension. On December 1, 2021, I was terminated for not getting the COVID vaccination or agreeing to invasive testing. The employer wanted to continue to test me for COVID-19 invasively, which I believe should not occur. I believe I have been discriminated against because of my religion, Christianity, 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 phone number and I will 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.

Digitally Signed By: Mrs. Audrey K. Ragsdale
08/17/2022

Charging Party Signature

NOTARY – When necessary for State and Local Agency 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.
 SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 (month, day, year)