

CHARGE OF DISCRIMINATION	AGENCY	CHARGE NUMBER
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This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.	<input checked="" type="checkbox"/> FEPA:	
	<input checked="" type="checkbox"/> EEOC	

State Department of Human Rights and/or New York Division of Human Rights	and EEOC <input checked="" type="checkbox"/>
<i>State or local Agency, if any</i>	

NAME (Indicate Mr., Ms., Mrs.) JULIE KAMPS	HOME TELEPHONE (Include Area Code) 212-217-9513
SS# XXXXXXXXXX	

STREET ADDRESS CITY, STATE AND ZIP CODE	DATE OF BIRTH XXXX /70
100 John Street, Apt. 2008, New York, N.Y. 10038	

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY DISCRIMINATED AGAINST ME (If more than one list below.)

NAME FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP	NUMBER OF EMPLOYEES, MEMBERS MORE THAN 650	TELEPHONE: 212-859-8000
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STREET ADDRESS CITY, STATE AND ZIP CODE: ONE NEW YORK PLAZA, NY, NY 10004	COUNTY: NY
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NAME:	TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS CITY, STATE AND ZIP CODE:	COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE DISCRIMINATION TOOK PLACE EARLIEST (ALL) 1/30/09
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	RACE		COLOR	<input checked="" type="checkbox"/>	SEX		RELIGION		AGE
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<input checked="" type="checkbox"/>	RETALIATION		NATIONAL ORIGIN		DISABILITY	<input checked="" type="checkbox"/>	OTHER (Specify) SEXUAL ORIENTATION
							CONTINUING ACTION

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

I. PERSONAL HARM: On January 30, 2009 I was involuntarily terminated as an associate attorney at Fried, Frank, Harris, Shriver & Jacobson LLP after ten years of service to the firm. Prior to that time, I was subjected to a series of acts of harassment and retaliation and was refused promotion to partner for discriminatory reasons.

II. COMPANY'S EXPLANATION: I cannot predict my employer's explanation except to state that it will most probably be false, exaggerated and pretextual.

III. DISCRIMINATION STATEMENT: I believe some or all of the above actions (and following actions) were taken against me because of my sex and because I complained about harassment and discrimination. I

am an openly lesbian, non-gender-conforming female with birth date of [redacted]-70.

I performed my duties well at all times and received outstanding performance evaluations. At various times I have perceived that I and others have been the victims of discrimination. Thus, I have complained internally. As a direct result thereof, I have been subjected to a long course of adverse action and harassment in an effort to force me to resign. Those actions against me included, but are not limited to, failure to promote me to partner, unfair or false criticisms, change of assignments, and, during a mediation session aimed at settling this matter without litigation, firing me. There has been a pattern of such actions, and they have been a continuing action up to and through the date of my termination on January 30, 2009. If it were not for these actions against me, I would still be at the firm.

I am represented in this charge by the law firm of Rae Downes Koshetz, P.C.
Their telephone number is (212) 644-0303.

I want this charge filed with both the EEOC and the State and local Agency. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

Julie E Kampas

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

✓ *Julie E Kampas*

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

2/9/09

[Signature]

(Day, month, and year)

Date
2/9/09

Charging Party (Signature)
✓ *Julie E Kampas*

EEOC FORM 5

