

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

Discrimination Unit  
111 Livingston Street - Room 2317  
Brooklyn, NY 11201 718-802-6931

DISCHARGE OR DISCRIMINATION COMPLAINT

(See Reverse Side for Applicable Law)

TYPE OF BENEFIT CLAIM	
<input type="checkbox"/> Disability Benefits (Off-the-Job Disability)	Social Security No. _____
<input checked="" type="checkbox"/> Workers' Compensation (On-the-Job Injury)	WCB Case No. <u>G 034 7470</u> (For On-the-Job Injury)

PLEASE PRINT OR TYPE. ANSWER ALL QUESTIONS - FAILURE TO DO SO MAY DELAY PROCESSING OF YOUR COMPLAINT  
ANSWER QUESTIONS 6 AND 7 IN DETAIL - ATTACH ADDITIONAL SHEETS IF NECESSARY

SUBMIT IN DUPLICATE TO THE ADDRESS AT THE TOP OF THIS FORM.

- Employee's Name Everton White
- Address 110-29 171st St First Name Middle Name Family Name Jamies NY 11433
- Employer's Name American Airlines
- Employer's Address JFK Airport, Queens NY
- Were you discharged? yes If "yes", give date 5/26/16
- State in detail the basis for your complaint, the reason you were dismissed, and the name of your supervisor, manager or other person who actually dismissed you.  
I was terminated in retaliation for having a work related injury
- State the name(s) of others involved. Attach copy of your dismissal notice, if any, or other documents received.  
Richard Disslwo, Michael Frost
- Where did you work? (Indicate address, if different than item 4 above). JFK Airport
- Occupation Flight Service
- Name and address of your attorney or representative, if any: (see statement "On Representation" on reverse).  
Sherry Felony Sambor + McIntyre R 247503  
8 E Main St Bx Shore NY 11706
- Date of accident or first day of disability \_\_\_\_\_

I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED HEREIN IS TRUE:

X Everton White  
 \_\_\_\_\_  
 Employee's Signature Date Telephone Number