

<b>CHARGE OF DISCRIMINATION</b> 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): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>461-2011-00631</b>	
<b>Louisiana Commission On Human Rights</b> and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) <b>Mr. Boyd M. Weber</b>		Home Phone (Incl. Area Code) <b>(225) 869-1864</b>	Date of Birth <b>12-09-1979</b>
Street Address <b>3431 A And G Street, Paulina, LA 70763</b>		City, State 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 <b>MOTIVA ENTERPRISES LLC-NORCO REFIN</b>		No. Employees, Members <b>500 +</b>	Phone No. (Include Area Code)
Street Address <b>15536 River Rd, Norco, LA 70079</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest    Latest <b>01-22-2010    01-22-2010</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with Motiva Enterprises in June 2006, most recently as an Operator earning \$31.93 per hour. On January 22, 2010, I was discharged because I was. After my discharge, I learned that a Black employee, Mike Williams broke a life saving rule and was not discharged. The company employs over 500 persons.</p> <p>According to the company, I was discharged because I broke a life saving rule - working without a valid permit.</p> <p>I believe I have been discriminated against because of my race, White, in violation of Title VII of the Civil Rights Act of 1964, as amended, in that, . I was discharged, yet the black male still has his job.</p>			
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	
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	
Date <b>2/13/11</b>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Charging Party Signature <b>Boyd Weber</b>			