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| Date Charging Party Signature | Date Charging Party Signature | | | |

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| EEOC Form 5 (11/09) | | | |
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| | F DISCRIMINATION | Charge Presented To: | : Agency(ies) Charge No(s): |
| This form is affected by the Pr Statement and other in: | ivacy Act of 1974. See enclosed Privacy Act formation before completing this form. | FEPA | Amended Charge |
| | · | X EEOC | 451-2011-01950 |
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| On , I wa | as terminated from my employme | ent. | - |
| I believe that I have been the Civil Rights Act of 190 | discriminated against due to my 64 as amended. | / National Origin, | in violation of Title VII of |
| | | | - 289 SEP 6 A B 55 |
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| Sep 06, 2011 | | SUBSCRIBED AND SWORN TO B (month, day, year) | EFORE ME THIS DATE |
| Date | Charging Party Signature | | |

CHARGE OF DISCRIMINATION EEOC FORM 5

CONTINUATION SHEET

Qiang Wei vs. Southwest Research Institute

AMENDMENT:

I wish to amend the original charge # 451-2011-01950 to reflect additional discrimination. After I complained to the Director and my supervisor about

a hostile work environment and set to be a hostile work envinonment and set to be hostile work environment and set to b

to the best of my abilities. On

, I received a letter from

s. I

perform the **a**dvising me that I was being discharged for my inability or unwillingness to perform the **backet** work for which I was hired **backet**. I believe the reason cited for my discharge is a pretext reason. I believe the real reason for my discharge is in retaliation for opposing unlawful employment practices in violation of Title VII of the Civil Rights Act of 1964, as amended.

9 (30 / 2011

Date

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| Charging Party's Signature | Ő |
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U.S. Environmental Protection Agency

Office of Civil Rights

External Compliance and Complaints Program

COMPLAINT FORM

The purpose of this form is to assist you in filing an administrative complaint with the Office of Civil Rights, External Compliance and Complaints program. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

| Full Name: |
|---|
| Address: |
| Zip |
| Daytime Telephone No.: Home: |
| Evening Telephone No.: () |
| Work Telephone No.: () |
| Best Time to Call: <u>Any time</u> |
| Email: |
| f we will not be able to reach you directly, you may wish to give us the name and |

2. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

| Name: | |
|-----------------------------|--|
| Telephone No.: | |
| Best Time to Call: Any time | |



| 3. If you have an attorney representing y complaint, please provide the following: | ou concerning the matte | ers raised in this |
|--|-------------------------------|--------------------|
| Name: | | |
| Address: | | |
| Zip | · | |
| Telephone No.: () | | |
| 4.* Person(s) and/or Group(s) discrimina | ated against, if different fi | rom above: |
| Name: | | |
| Address: | Zip | |
| Telephone No.: Home:() | Work:(|) |
| Please explain your relationship to the | nis person(s). | |
| 5.* Business, Organization or Institution Name: <u>Southwest Research Institute</u> | | |
| Any individual if known: | | |
| Address: 6220 Culebra Rd, P. O. Draw | | |
| TX | Zip 78228 | |
| Telephone No.:()210-684-5111 | · · · | |
| 5B.* Non-employment: Does your complaint concern discrimination in the delivery of | | |
| services or in other discriminatory actions of the department or agency in its | | |
| treatment of you or others? If so, please indicate below the base(s) on which you | | |
| believe these discriminatory actions | were taken. | |
| Race/Ethnicity: | | |

| National origin: also RETALIATION, HARAS | SMENT |
|--|----------|
| Sex: | |
| Religion: | <u> </u> |
| Age: | |
| Disability: | |

5C.* Employment: Does your complaint concern discrimination in employment by the Department or Agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

| | Race/Ethnicity: |
|--------------|---|
| \checkmark | National origin: also RETALIATION, HARASSME |
| | _Sex: |
| | Religion: |
| | _Age: |
| | Disability: |

6.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination:

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

8.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you or how you were effected differently than others. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

Please see attachment.

9. The laws we enforce prohibit recipients of U.S. Environmental Protection Agency assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #8), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the retaliation.

Please see attachment.

10. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

| Name: | | | |
|------------------|---|-----|---|
| Address: | | | , |
| <u></u> | | Zip | |
| Telephone No.: (|) | | |

11. Do you have any other information that you think is relevant to our investigation of your allegations?

Performance reviews from my former supervisor, Job description, Recent email communications, etc.

12. What remedy are you seeking for the alleged discrimination? Note that an investigation of your complaint may not be able to give you the remedy you seek, but this information could be useful to the investigation. Monetary remedy.

13. Have you (or the person discriminated against) filed the same or any other complaints with other offices at the U.S. Environmental Protection Agency?



If so, do you remember the Complaint Number?

Against what agency and department or program office was it filed?

Address: _____

_____Zip _____

Telephone No.: (____)_____

Date filed: _____

Briefly describe what the complaint was about.

What was the result?

14. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following? If yes, please select the office where you filed. If not, please skip this item.

 \checkmark

Any other Federal Department or Agency



U.S. Equal Employment Opportunity Commission

 \checkmark

_ Federal or State Court

Your State or local Human Relations/Rights Commission

_ Grievance or complaint office

15. If you intend to or have already filed a charge or complaint with an entity indicated in # 14 above, please attach a copy of that complaint or any additional information describing that complaint. Also, please provide the following information :

Entity filed with: U.S. Equal Employment Opportunity Commission

Date filed:

Case or Docket Number: 451-2011-01950

Date of Trial/Hearing: _____

Location of Agency/Court:_____

Name of Investigator:

Status of Case: Waiting for replies from the charged party.

Comments:

I will file complaints to the CRC of the Department of Labor (DOL) soon.

17. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

I was working on an EPA funded project when I was discriminated and terminated. The principal investigator for the project is **set and the project** at Southwest Research Institute.

18. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

10/3/2011 (Signature) (Date)

Note: Please feel free to add additional sheets to explain your concerns and attach any relevant documentation.

Attachment for Item 8:

| I began employment on a same as a second at Southwest Research Institute which is located at San Antonio, Texas. On performance evaluation from my supervisor for the period of for the period of through and it indicated that I was meeting expectations. On or about my supervisor informed me that I needed to |
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| On I received another performance evaluation from my supervisor for the period of and I was told that I did not meet expectations. I was also told in this evaluation that |
| On , I complained to the director and my supervisor about |
| After I complained to the Director and my supervisor about my employment situation was changed. My supervisor began subjecting me to a hostile work environment and assigning me which were not part of my job description. I believe my supervisor was attempting to get me to quit by consistently . I performed these to the best of my abilities. |
| On , I sent an email to complaining about my supervisor treated me differently and subjected me a hostile work environment after he . No one responded to my email. |
| On a letter from advising me that I was being discharged for my inability or unwillingness to perform the work for which I was hired in |

I believe that I have been discriminated against due to my National Origin **(1997)**) in violation of Title VII of the Civil Rights Act of 1964 as amended. The reason cited for my discharge is pretext reason. I believe the real reason for my discharge is in retaliation for opposing unlawful employment practices in violation of Title VII of the Civil Right Act of 1964, as amended.

Attachment for Item 9:

| I am an who has had over experience and received my . On the job description I was given for the job interview, there is no such a requirement which the |
|--|
| However, I was constantly assigned in the project funded by United States Environmental Protection Agency (EPA). |
| On , I sent my supervisor an email to report the progress of the project funded by US EPA and suggested him to . I wrote in the Email: |
| On , my supervisor responded my email sent on . He wrote that |
| On, I sent an email to the complaining about my supervisor treated me differently and subjected me a hostile work environment after he t. No one responded to my email. |
| On a provide the second |

SOUTHWEST RESEARCH INSTITUTE*

3220 CULEBRA RD. 78238-5166 • P.O. DRAWER 28510 78228-0510 • SAN ANTONIO, TEXAS. USA • (210) 684-5111 • WWW.SWRI.ORG



This letter is to notify you that we have made the decision to terminate your employment with the Division effective today.

| ngr | You object so |
|--|--|
| strongly to the assignments and work direction given by | who is your supervisor, that there is no |
| feasible way of making this situation work. This action is bas | ed on the recommendation of |
| | f, and has been approved by the |
| | I, and has been approved by the |

Institute Human Resources Department, Legal Department and Executive Management.

For the next 21 days, from **Second Second** through **Second Second** the Institute will offer to you severance pay of **Second**, less applicable taxes, in return for your agreement to execute the *Severance Agreement and General Release* enclosed. You will also receive two weeks pay in lieu with your final pay check. The Institute will also agree to pay actual and reasonable relocation expenses if you wish to relocate elsewhere. You have the opportunity to resign if you wish and we will so inform other employers who may inquire. A *Severance Plan* is attached providing more detail on the benefits which are available. Staff members in Human Resources, and the Medical Benefits office are prepared to discuss with you the specific details of benefits.

I encourage you to discuss this offer with your family members, financial advisor, and attorney. If you decide to accept, sign the *Severance Agreement and General Release*, and return it to me or Human Resources by the severance of the severan

Sincerely,

Vice President

Southwest Research Institute

BEC/mcr

Enclosures

cc:



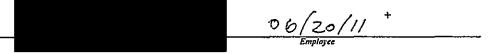




Southwest Research Institute[®] Performance Evaluation Summary

and the second second

| JOB TITLE: | | EMP. NO.: |
|--|---------------------|---------------------|
| | REVIEW PERIOD: From | |
| | | |
| Strongest Areas of Job Performance: | | |
| | | |
| | | |
| Opportunities to Improve Job Performance: | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Future Performance Goal and Expectations: | | |
| | | |
| | | |
| | | |
| Overall Job Performance Summary: <u>As a starti</u> | ng meets expect | ations (ME). |
| | | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Nort and Long Term Career Goals: Short ter | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Nort and Long Term Career Goals: Short ter | Vork Relationships: | <u>ations (ME).</u> |
| Dverall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter Long-term goal: | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter Long-term goal: | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter Long-term goal: | Vork Relationships: | <u>ations (ME).</u> |
| Overall Job Performance Summary: <u>As a startin</u> Overall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter Long-term goal: | Vork Relationships: | <u>ations (ME).</u> |
| Overall Employee Satisfaction with Job and W Short and Long Term Career Goals: Short ter Long-term goal: | Vork Relationships: | <u>ations (ME).</u> |
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| Overall Employee Satisfaction with Job and W Chort and Long Term Career Goals: Short ter Cong-term goal: | Vork Relationships: | ations (ME). |





Southwest Research Institute[®] Performance Evaluation Summarv

| NAME: | DATE: <u>8/4/2011</u> | | |
|--|------------------------|--|--|
| | EMP. NO.;7 | | |
| Strongest Areas of Job Performance: | | | |
| Opportunities to Improve Job Performance: | | | |
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| | | | |
| Future Performance Goal and Expectations: | | | |
| | | | |
| | needs improvement (NI) | | |
| Overall Job Performance Summary: <u>As a</u> Overall Employee Satisfaction with Job and Work Relation | | | |

Short and Long Term Career Goals:

| Developmental Recommendations: | |
|--------------------------------|------------------|
| | |
| Prepared by | |
| Reviewed by (optional) | Cast Center Head |

and the second second

I have reviewed and discussed this evaluation with my immediate supervisor; I may or may not agree with this evaluation. Any additional comments I have are on the reverse side.

Additional comments by Employee:

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Additional comments by Supervisor:

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| mage 1 of 3 | 10/7/2010 2 54 om | SOUTHWEST RES Personnel Rec | | Requisition Number: |
|--------------------|---|--|-----------------------------|---|
| Date Requisition | | a craomier riev | Division Referral Program: | Corm Number: |
| Name | Employme | ent Date | | |
| Employment Stat | us: | | Title of Position: | |
| I Regular FT | Regular PT I Tempo VOE Associate Undero | | | |
| | | | Number of Openings: 1 | |
| Special Consider | ation: 🛛 Yes 🗹 No | | Org: | |
| if Yes: 🛛 Lim | ited Term 🛛 Postdoc Research | er 🛛 Visiting Scientist | Work Location: San An | tonio, Texas |
| Length of | Term: | | Recommended Close/Revie | ew Date: ASAP |
| Reason for Reque | est: 🗆 Replacement 🕅 I | New Position Target | of Opportunity D Technical | I Advisor |
| Describe: | | | | |
| Basic Qualificatio | ns: | | | on 4 0 sca |
| Must be able to of | otain a Security Clearance | 🗆 Yes 🗹 No | | |
| Discipline(s): | | | | |
| Specialized Trai | ining, Licenses or Certificates: | | | |
| Related Experie | | scription: | | |
| | Years: De | scription: | | |
| | Years: De | scription: | | |
| | ons for a SwRI position include. b Check, U.S. Citizenship, Credit H | ut are not limited to, (As Re | | |
| | Preferred Knowledge, Skills, an | | | |
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| Job Functions/Tas | sks: | | | n and and a second s |
| | | | | |
| Special Requireme | ents: | | | |
| | | □ Yes 12 No Di | iving (must be 18 or over): | ☑ Yes □ No |
| C | Credit History Check: | □ Yes ☑ No PI | hysical Examination: | 🗆 Yes 🗹 No |
| F Explanation: | Psychological (MMPI; other): | □ Yes ☑ No | | |
| Required Testing: | | annan an a | | and and an an an and an |
| C | Clerical 🛛 Electronic | Chemical | Mechanical Assessment | |
| | | | | |

| Date Printed 10/7/2010 | 2 54 pm | Personnel Requisitio | n Form | | | Form Number: | _ | | |
|---|-----------------------------------|--|--------------------|----------|----------|---|-----|-----|-------------|
| General/Environmental: Avg. Hours Per Day/Week | 8/40 | Inside/Outside | windo El (| . | ida | | | | (7) A1 |
| Shift Work Required | 0/40 □ Yes ☑ No | Temperature Extremes | iside 🗹 (🗆 Yes | | No | Respirator required Wel/Humid Conditions | | | ØN ØN |
| Shift Day Devening | | Fumes, Odors, Dusty Conditions | 🛛 Yes | | No | Chemical Exposure | | | ej n |
| Explanation | | | | | | | | | |
| Audio/Visual: | | | | | | | 17 | | 67 A |
| Hearing Required | 🗹 Yes 🗆 No | Far Vision | ⊠ Yes | | No | Color Discrimination Depth Perception | | Yes | |
| Near Vision | ☑ Yes □ No ☑ Yes □ No | Peripheral Vision Presentation Skills | ☑ Yes | | No No | Debut Cerrebiton | 121 | 165 | 11 |
| Talking required Explanation: | 19 Yes Li No | Presentation Skins | 🗹 Yes | L | 140 | | | | |
| Physical Tasks: Bending | Frequency Occasional (11% - 33 | 3%) | | | | Explanation | | | |
| Climbing/Balancing | Occasional (11% - 3 | | | | | | | | |
| Crouching/Stooping | Occasional (11% - 33 | | | | | | | | |
| Grasping/Fine Manipulation | Occasional (11% - 33 | | | | | | | | |
| Handling/Feeling | Occasional (11% - 3 | 3%) | | | | | | | |
| ifting/Lowering | Occasional (11% - 33 | | | | | | | | |
| Noise Exposure (dBA Levei/Hrs.) | Occasional (11% - 33 | 3%) | | | | | | | |
| Pushing/Pulling | Occasional (11% - 33 | 3%) | | | | | | | |
| Floor to Knuckle | Occasional (11% - 33 | 3%) | | | | | | | |
| Floor to Shoulder | Occasional (11% - 33 | 3%) | | | | | | | |
| Knuckle to Shoulder | Occasional (11% - 33 | 3%) | | | | | | | |
| Shoulder and Above | Occasional (11% - 33 | 3%) | | | | | | | |
| Other (Explain) | | | | | | | | | |
| Reaching | Occasional (11% - 33 | 3%) | | | | • | | | |
| Sitting | Occasional (11% - 33 | 3%) | | | | | | | |
| Standing | Frequent (34% - 66% | •) | | | | | | | |
| Travel Requirements | Occasional (11% - 33 | 3%) | • | | | · · · | | | |
| Twisting | Occasional (11% - 33 | i%) | | | | | | | |
| /ibration | Occasional (11% - 33 | 9%) | | | | | | | |
| Valking | Occasional (11% - 33 | 1%) | • | | | · • | | | |
| Weight Requirements | | | | | | | | | |
| <= 15 lbs. | Occasional (11% - 33 | 1%) | | | | | | | |
| > 15 lbs. and <= 30 lbs. | Occasional (11% - 33 | 1%) | | | | | • | | |
| > 30 lbs. and <= 50 lbs. | Occasional (11% - 33 | %) | | | | | | | |
| > 50 lbs. | Rare (< 10%) | | | | | | | | |
| Norks: Alone | Frequent (34% - 66% |) | | | | | | | |
| Vorks: In a Group | Frequent (34% - 66% | | | | | | | | |

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Page 3 of 5

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Date Printed:

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SOUTHWEST RESEARCH INSTITUTE Personnel Requisition Form

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Requisition Number Form Number:

Recommended Recruiting Actions:

| Approvais: | | | | | |
|--------------------------------|------|---------|--------|---------------------|--|
| Approver Description | Name | Empl ID | Org ID | Time Stamp | |
| Requestor | | | | 7/6/2010 5:16:52PM | |
| Division/Department Management | | | | 7/8/2010 2:08:23PM | |
| Division/Department Management | | | | 7/8/2010 12:52:16PM | |
| Executive Management | | | | 7/9/2010 11:10:31AM | |
| Executive Management | | | | 7/8/2010 4:55:30PM | |
| Human Resources | | | | 7/8/2010 2:52:58PM | |
| Human Resources | | | | 7/9/2010 1:58:49PM | |
| Human Resources | | | | 7/8/2010 3:01:24PM | |
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Thanks,

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