

*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11
Northern District of Illinois, Eastern Division		PLEASE CHECK CHAPTER
Name of Debtor KMART CORPORATION		Case Number 02B 0002474
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S. C. § 503		PROOF OF CLAIM
Name of Creditor (The person or other entity to whom the debtor owes money or property) Equal Employment Opportunity Commission		File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent Equal Employment Opportunity Commission Lawrence Kenyon, Trial Attorney 50 Vantage Way, Suite 202, Nashville, TN 37228 Telephone No. (615) 736-5784		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: KMART		Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death Your social security number _____ <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Alleged vio of Title VII of the Civil Rights Act of 1964, as amended, 42 USC, Sec 2000 et. seq. Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a)		
2. DATE DEBT WAS INCURRED: On going from 2/21/01		3. IF COURT JUDGMENT, DATE OBTAINED:
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____		6. Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>UNLIQUIDATED</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11" 9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS FEB 25 2002 KENETH S. GARDNER, CLERK MALDEN, ILL. 62451 2125102ML 352
Date: <i>2/1/02</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Lawrence Kenyon, Trial Attorney <i>Lawrence Kenyon</i>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

IN THE UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

RECEIVED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

IN RE: KMART CORPORATION)
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)
)
 Debtor.)
)

FEB 25 2002

Bankruptcy Case No. 02B 0002474
KENNETH S. GARDNER, CLERK
MAILROOM = KE

MEMORANDUM IN SUPPORT OF PROOF OF CLAIM

In support of its Proof of Claim as a creditor in the above-referenced Chapter 11 petition, the Equal Employment Opportunity Commission submits the following:

1. A Charge of Discrimination was filed with this agency on August 2, 2001.

A copy of the charge is attached as Exhibit 1.

2. Name of Charging Party

Donya Bentley

3. EEOC Charge Number

253-A1-1289

4. Date of Violation

April 18, 2001

5. Name and Location of Respondent

KMART CORPORATION
3100 West Big Beaver Road
Troy, MI 48084

6. Nature of Unlawful Act

Wrongful Discharge on the basis of sex (female).

Disparate treatment in discipline on the basis of sex (female).

Disparate treatment in terms and conditions on the basis of sex (female).

Disparate treatment in wages on the basis of sex (female).

7. Basis of Violation

Sex Discrimination

Retaliation

Equal Pay

8. Statute Violated

Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §2000e et. seq. and the Equal Pay Act of 1963.

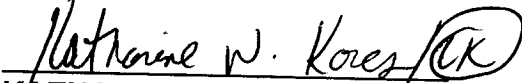
9. Demand

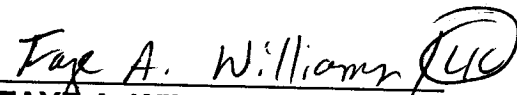
The EEOC's Proof of Claim requests all applicable back pay and benefits, with pre-petition interest; all applicable post-petition wages, salary, or benefits; all compensatory and punitive damages allowable.

Respectfully Submitted,


NICHOLAS M. INZEO
Acting Deputy General Counsel

GWENDOLYN YOUNG REAMS
Associate General Counsel


KATHARINE W. KORES
Regional Attorney
BPR No. 6283


FAYE A. WILLIAMS
Supervisory Trial Attorney
BPR NO. 11730

EQUAL EMPLOYMENT OPPORTUNITY
COMMISSION
1407 Union Avenue Suite 621
Memphis, Tennessee 38104
(901) 544-0088


LAWRENCE KENYON
Trial Attorney
MS Bar No. 10105

EQUAL EMPLOYMENT OPPORTUNITY
COMMISSION
50 Vantage Way, Suite 202
Nashville, Tennessee 37228
(615) 736-5784

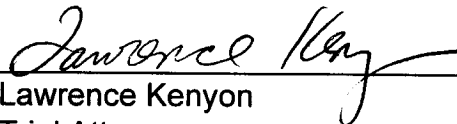
CERTIFICATE OF SERVICE

I, Lawrence Kenyon, do hereby certify that I have this day served a true and correct copy of the above and foregoing, Proof of Claim, Memorandum in Support of Proof of Claim, and Supporting documents by U. S. Mail, proper postage prepaid, addressed to their usual business address, to the following:

John WM Butler, Esq.
Attorney for Debtor
333 W Wacker Drive
Chicago, IL 60606-1220

Ms. Donya Bentley
79 Twin Cove Drive
Lebanon, TN 37087

Dated: 2/21/02


Lawrence Kenyon
Trial Attorney
MS Bar No. 10105

Equal Employment Opportunity
Commission
50 Vantage Way, Suite 202
Nashville, TN 37228
(615) 736-5784

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 253A11289
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TENNESSEE HUMAN RIGHTS COMMISSION and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Ms. Donya Bentley	HOME TELEPHONE (Include Area Code) (615) 444-8581
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STREET ADDRESS 79 Twin Cove Drive, Lebanon, TN 37087	CITY, STATE AND ZIP CODE TN 37087	DATE OF BIRTH 03/01/1969
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NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME K-Mart	NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +)	TELEPHONE (Include Area Code) (615) 449-4061
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STREET ADDRESS 1443 W. Main Street, Lebanon, TN 37087	CITY, STATE AND ZIP CODE TN 37087	COUNTY 189
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NAME (Empty)	TELEPHONE NUMBER (Include Area Code) (Empty)
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STREET ADDRESS (Empty)	CITY, STATE AND ZIP CODE (Empty)	COUNTY (Empty)
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify) Equal Pay	DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST 04/18/2001 07/03/2001 <input checked="" type="checkbox"/> CONTINUING ACTION
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

- I. I was re-hired by K-Mart, Lebanon, TN, in 4/01. My employment was terminated on 7/3/01. They employ more than 20 employees.
- II. I was re-hired as a Loss Prevention Manager at a lower rate of pay than my male counterparts. I was re-hired after complaining of disparate treatment and management discovering that I inquired about their discriminating practices with the EEOC. On 7/2/01, I effected a detention of a customer and opted to allow the customer to leave without being cited for a violation. I followed the company policies pertaining to this matter as best as I could. My employment was terminated the following day. My male counterparts have accomplished their duties in the same manner as I with respects to allowing a customer to be released without law enforcement involvement, and no action was taken against them. Some of the male Loss Prevention Manager's have committed infractions that policy indicates is a terminable offense and they are still employed.
- III. I feel that I have been discriminated against because of my gender (female), and in retaliation for complaining of acts of discrimination, in violation of Title VII of the Civil Rights Act of 1964, as amended, and in violation of the Equal Pay Act of 1963.

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 telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.


I declare under penalty of perjury that the foregoing is true and correct.

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.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year)

8/2/01 
 Date Charging Party (Signature)