

UNITED STATES BANKRUPTCY COURT <u>NORTHERN</u> DISTRICT OF <u>ILLINOIS</u>		PROOF OF CLAIM
Name of Debtor <b>K MART CORP</b>		Case Number <b>02-02474</b>
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>SHIRLEY CARBONE</b>		<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.
Name and address where notices should be sent: <b>87 LITTLE ST BELLEVILLE, NEW JERSEY</b>		
Telephone number: <b>(973) 759-6556 07109</b>		
Account or other number by which creditor identifies debtor:		THIS SPACE IS FOR COURT USE ONLY
Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Harassment; age discrimination</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS <u>[REDACTED]</u> Unpaid compensation for services performed from <u>MAY 16, 2001</u> to <u>present</u> (date) (date)		
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> 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.		<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <b>FILED</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <u>MAR 05 2002</u> <b>KENNETH S. GARDNER, CLERK</b> <b>TEAM - B</b> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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 \$2,100* 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 4/1/74 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.
Date <b>2-27-02</b> 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): <b>x Shirley Carbone</b>		THIS SPACE IS FOR COURT USE ONLY <b>3-5-02</b> <b>430 SM</b>
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.		

## NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

UNITED STATES BANKRUPTCY COURT <u>NORTHERN</u> DISTRICT OF <u>ILLINOIS</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>K MART CORP</b>	Case Number <b>02-02474</b>	THIS SPACE IS FOR COURT USE ONLY
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>SHIRLEY CARBONE</b>	<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.	
Name and address where notices should be sent: <b>87 LITTLE ST BELLEVILLE, NEW JERSEY</b>	Telephone number: <b>(973) 759-6556 07109</b>	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <b>Harassment; age discrimination</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <b>230-44-8836</b> Unpaid compensation for services performed from <b>MAY 16, 2001</b> to <b>present</b> <div style="text-align: center; font-size: x-small;">(date) (date)</div>		
2. Date debt was incurred:		3. If court judgment, date obtained:
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>Unliquidated Damages claim - see attached</b> 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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <b>FILED</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <b>MAR 05 2002</b> <b>KENNETH S. GARDNER, CLERK</b> <b>TEAM - B</b> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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 \$2,100* 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)(____). <small>*Amounts are subject to adjustment on 4/1/74 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>2-27-02</b>	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): <b>K Shirley Carbone</b>	
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.		

3-5-02  
430 SM



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

**Newark Area Office**

1 Newark Center, 21<sup>st</sup> Floor

Newark, NJ 07102-5233

(973) 645-6383

TTY (973) 645-3004

FAX (973) 645-4524

**Our Ref: Charge Number 171A200095 Carbone v. K-Mart Corporation**

**Shirley Carbone  
87 Little Street  
Belleville NJ 07109**

Dear Ms. Carbone,

This is to notify you that I have been assigned to investigate the above-referenced charge of discrimination.

If you have additional information, including documentation, names of witnesses or witness statements that you wish to provide, please send it to my attention at the above address. Please refer to the above referenced charge number in any correspondence.

I can be reached at 973-645-6027 between the hours of 8:30 a.m. and 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Derek L. Farthing", is written over the typed name.

**Derek L. Farthing  
Investigator**

**January 29, 2002**

Date



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

**Newark Area Office**

1 Newark Center, 21<sup>st</sup> Floor

Newark, NJ 07102-5233

- (973) 645-6207 - 6027

TTY (973) 645-3004 -

FAX (973) 645-4524

**Our Ref: Charge Number 171A200095 Carbone v. K-Mart Corporation**

**Shirley Carbone  
87 Little Street  
Belleville NJ 07109**

Dear Ms. Carbone,

As a courtesy, I have enclosed copies of the Proof of Claim form which will enable you to file such claim against the Respondent in U. S. Bankruptcy Court. Most of the information required to complete the form is contained in the redacted Notice of Bankruptcy Filing and Automatic Stay, which is also enclosed, and as we have discussed.

For further assistance, you may wish to contact the U. S. Bankruptcy Court at:


Everett McKinley Dirksen United States Courthouse  
Chambers 638  
219 South Dearborn Street  
Chicago, IL 60604

PH: 312-435-5646

Sincerely,

**February 11, 2002**

Date

  
**Derek L. Farthing  
Investigator**

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
NEWARK AREA OFFICE  
NEWARK, NJ**

**SHIRLEY CARBONE**

Charging Party,

EEOC Charge No. 171A200095

v.

Assigned to: Derek L. Farthing

**KMART CORPORATION,**  
a Michigan corporation,

Respondent.

---

**Attorney for Respondent  
Kmart Corporation**

**Shirley Carbone  
Charging Party  
87 Little Street  
Belleville, NJ 07109**

---

**NOTICE OF BANKRUPTCY FILING AND AUTOMATIC STAY**

PLEASE TAKE NOTICE that Tuesday, January 22, 2002, Defendant Kmart Corporation filed for bankruptcy protection in the United States Bankruptcy Court for the Northern District of Illinois, the Honorable Susan Pierson Sonderby presiding. The matter was assigned Case No. 02-02474.

Respectfully submitted,

DATED: February 8, 2002

KMART CORPORATION



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Newark Area Office

1 Newark Center, 21<sup>st</sup> Floor  
Newark, NJ 07102-5233  
(973) 645-6655  
TTY (973) 645-3004  
FAX (973) 645-2303

**MEDIATION CONFIRMATION**

Charge Number: 171A200095  
Charging Party: Shirley Carbone  
Respondent: Kmart Corporation

This is to confirm that I have been selected to conduct a mediation session scheduled for the date, time and location indicated below:

Date: January 28, 2002  
Time: 10:00am  
Location: Equal Employment Opportunity Commission  
Newark Area Office  
1 Newark Center, 21st Floor  
Newark, NJ 07102

**Due to new security requirements it is essential to return the second page of this notice with the information requested within five (5) days of receipt.** This information will be shared with all parties attending the mediation session. Parties are reminded that persons with authority to resolve the charge or their representatives, if any, are permitted to attend the mediation.

Any settlement agreement signed as a result of the mediation process is legally binding on the parties and if signed by the EEOC, enforceable by the Commission. All disclosures made during the mediation shall be treated as confidential, except that imminent or actual threats of harm to one's self or others will be reported to the appropriate authorities. If a settlement is reached as a result of the mediation, I am required to report to EEOC any benefits received. As noted in the confidentiality agreement, this information is reported to the EEOC only for the purpose of providing aggregate data for the evaluation of the mediation program.

Please be aware that Federal law, 18 USC Section 930, makes it unlawful to carry a weapon onto Federal property, including facilities that are occupied by the Equal Employment Opportunity Commission. This law applies regardless of whether or not you are employed in law enforcement or otherwise licensed to carry a weapon. Accordingly, you are prohibited from bringing any weapons with you to the mediation session.

If you have any questions do not hesitate to call me at 973-645-6655, or fax me at 973-645-2303.

On behalf of the Commission,

  
Phil A. Goldman, Mediator

Date

1/11/02

**CHARGE OF DISCRIMINATION**

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

AGENCY

☐ FEPA  
☒ EEOC

CHARGE NUMBER

171A20095

NEW JERSEY DIVISION ON CIVIL RIGHTS

State or local Agency, if any

and EEOC

NAME (Indicate Mr., Ms., Mrs.)

Ms. Shirley Carbone

HOME TELEPHONE (Include Area Code)

(973) 759-6556

STREET ADDRESS

CITY, STATE AND ZIP CODE

87 Little Street, Belleville, NJ 07109

DATE OF BIRTH

08/07/1939

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 Corporation

NUMBER OF EMPLOYEES, MEMBERS

Cat D (501 +)

TELEPHONE (Include Area Code)

(973) 751-3331

STREET ADDRESS

CITY, STATE AND ZIP CODE

371-411 Main Street, Belleville, NJ 07109

COUNTY

013

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☒ AGE ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE  
EARLIEST LATEST

05/19/2001 05/19/2001

☐ CONTINUING ACTION

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

1. I began my employment in 1978. I had held the position of Personnel Manager since 1987. All of my performance evaluations were rated "Excellent".

2. My previous Store Manager knew that I intended on retiring on August 15, 2001. I believe that this information was related to the new District Manager, Mr. Scott Biel and the new Store Manager Mr. Tony Asaro.

On May 16, 2001 was the first day that I met Mr. Biel. I was spoken to a degrading and criticized manner by him for not performing a certain task (placing poster). I honestly did not receive any prior notice from him about the posting nor did I have any knowledge about the overall handling of the posters. This duty was previously performed by the Store Manager. On that same day I was introduced to Mr. Tony Asaro, the new Store Manager. I spend the better part of the day with Mr. Asaro introducing him to the staff and informing him about the overall operation. Late that same afternoon. Mr. Asaro told me that he wanted to have the schedule completed and ready for him the next morning. I told him that it would be difficult specifically since I had spent most of the day with him. Mr. Asaro stated that the DM told him that it was a waste of time to pay me for the next three months, that I was just dead weight. I considered those comments related to my age and pending retirement. Mr. Ansaro stated that I would no longer be scheduled off

\*\* Text is Continued on Attached Sheet(s) \*\*

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)

Date

Charging Party (Signature)



-----  
Equal Employment Opportunity Commission  
Form 5 - Charge of Discrimination, Additional Text  
-----

three days and that it would be changed to two days off. I accepted the change. I attempted to complete my duties as well as the posters.

On May 19, 2001, I met with Mr. Asaro. He stated that I am suppose to complete tasks that he assigned to me. He mentioned that I had not completed all of the work he had assigned to me. Tony stated that he expected me to go after the Assistant Managers. This was not part of my responsibility. I told him that the Assistant Managers are salaried and that I am a hourly worker. Later, that afternoon I spoke with Tony and told him that I felt that I was being harassed that I could not work under these conditions. I told him that for the three days since he has been there that I felt badgered for that same time. I told him that I quit.

To my knowledge I was replaced by a younger employee who previously worked with Mr. Asaro at his former place of employment.

3. I believe that I have been discriminated against because of my age (61) in violation of the Age Discrimination in Employment Act of 1967, as amended.

May 25, 2001

Chuck Conway, CEO  
K-Mart Corporation  
3100 West Big Beaver Road  
Troy, Michigan 48084

Dear Mr. Conway:

After 23 years of proudly being a member of the K-Mart family and looking forward to my retirement in August, 2001 from my position as Human Resources Manager, I'd like to take this opportunity to convey disappointment and displeasure with how I was "forced out" 3 months before my scheduled retirement and not allowing me to retire with some honor and dignity, the least of which I somehow expected.

The new district manager, Scott Biel, and new store manager, Tony Asaro, evidently decided it would serve their personal agendas to force me out early. I was looking forward to spending the last few weeks before my retirement date assisting the new managers in a smooth change of operations and perhaps train my replacement. In contrast, their behavior of harassment and badgering me left me no other option but to go.

Example #1: The very first time I met Mr. Biel he walked into my office and came at me with both barrels regarding something he had wanted done the prior week, but had never related to me. I cannot comply with an order never given or explained.

Example #2: The store manager kept me occupied a full day on one matter, and then demanded that another project be turned over to him first thing in the morning. I cannot do two things nor be in two places at one time, as much as I've tried.

Example #3: Store manager barked out to me that "DM thinks you're a waste of our time and money - won't be earning your paycheck, just dead weight around" because of my impending retirement.

Harassment and badgering - pure and simple. I can't imagine anyone else seeing it otherwise. Is this the way you encourage management to treat a long-standing employee? In all these years, I have never received a negative review in my employee file. I always did my best and gave my all to the smooth operation of our store and the employees' well being.

In view of my past history with K-Mart, I feel I deserve, at the very least, severance compensation to cover the period between May 23, 2001 and my retirement date, August 15, 2001. I have a semi-invalid husband at home whom I care for; I had financially planned my retirement to include my salary till August 15<sup>th</sup>; and I am sincerely requesting you to honor that commitment. Please let me have a reply. You may call or write me at any time.

Sincerely yours,

Shirley Carbone  
87 Little Street  
Belleville, NJ 07109  
(973) 759-6556

cc: Frank O'Dani, V.P. of H.R.  
David Rots

EXHIBIT A.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Newark Area Office

1 Newark Center, 21<sup>st</sup> Floor  
Newark, NJ 07102-5233  
(973) 645-6383  
TTY (973) 645-3004  
FAX (973) 645-4524

Ms. Shirley Carbone  
87 Little Street  
Belleville, New Jersey 07109

Dear Ms. Carbone:

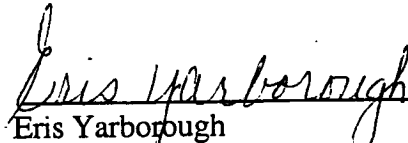
The Equal Employment Opportunity Commission (EEOC) has received your telephone inquiry on 7/16/01 about possible employment discrimination under one or more statutes enforced by the EEOC.

It is requested that you complete the questionnaire(s) provided as fully as possible and return it to this office at address above within 60 days. **If you do not return the questionnaire within 60 days from the date of this letter, all prior information submitted will be destroyed. As such, any questionnaire submitted after 60 days will not be accepted. However, you will be given a new questionnaire to initiate the process again. No action will be taken until your completed questionnaire(s) is received.**

After we receive the completed questionnaire(s), the information provided by you will be reviewed. If you have provided minimally sufficient information, you will be contacted to schedule an appointment to determine if a charge will be taken. If your complaint does not fall within the jurisdiction of the EEOC, you will be informed of the reason(s) therefore. Your complete, accurate and prompt response to the questionnaire(s) is necessary for an appropriate review.

**In order for the EEOC to have jurisdiction to investigate any complaint, and to protect your legal rights, a charge of discrimination must be filed within 300 calendar days of the alleged violation.** It is your responsibility to insure that your charge of discrimination is filed in a timely manner. Please be advised that at this time, you have not filed a charge of discrimination.

Sincerely,

  
Eris Yarborough  
Investigator

July 17, 2001

Date

General, Harassment, EEOC Pamphlet  
Questionnaires(s) Provided

US Equal Employment Opportunity Commission - Newark Area Office  
1 Newark Center, 21<sup>st</sup> Floor - Newark, New Jersey 07102-5233 973-645-6383

INTAKE QUESTIONNAIRE - GENERAL

If because of a disability you need assistance in completing this form, please contact the office indicated above.

NAME SHIRLEY CARBONE TELEPHONE NO (973) 759-6556  
(First) (Middle name or initial) (Last) (Include area code)  
SOCIAL SECURITY NO. 230-44-8836 DATE OF BIRTH 8-7-39  
ADDRESS 87 LITTLE ST COUNTY ESSEX  
CITY BELLEVILLE STATE N.J. ZIP CODE 07109

Please provide the name of an individual at a different address who is in the local area and who would know how to reach you.

NAME MARIA SALVATORE RELATIONSHIP COUSIN  
(First) (Middle name or initial) (Last)  
ADDRESS 38 OAK ST TELEPHONE NO (973) 566-9624  
(Include area code)  
CITY BLOOMFIELD STATE N.J. ZIP CODE 07003

Organization your complaint is against:

Employer      Union      Employment Agency      Other      (Specify)

NAME K-MART CORP. TELEPHONE NO (248) 643-1000  
ADDRESS 3100 West Big Beaver Road  
CITY TROY STATE Michigan ZIP CODE 48084  
TYPE OF BUSINESS Retail Dept. Store

(New Jersey)  
Belleville  
Store:  
371-411  
MAIN ST  
Belleville,  
973-  
751-3331

Number of employees who worked at the organization named above. Please check one.

A. 15 - 100      B. 101 - 200 X C. 201 - 500      D. 501+      N. Under 15       
U. Unknown      Belleville Store

PLEASE PROVIDE A COMPLETE RESPONSE TO THE FOLLOWING

CLASS refers to a person's race, sex, age, national origin, religion or disability.

1. What position did you hold or were seeking with the above named organization?

Personnel Manager

CORPORATE  
HEADQUARTERS

General Intake Questionnaire

-2-

1. DATE OF HARM (last date any harm which you consider discriminatory happened): 5-19-01

2. TYPE OF HARM (Explain what action was taken against you that you believe to be discriminatory and the date(s) of the action, incident, harm, etc.)

See Examples 1, 2 & 3 on attached  
Exhibit A.  
Dates: 5-16; 5-17; 5-18; and 5/19.

If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe that you were treated this way for a reason other than what is listed, explain what you believe to be the reason.

☐ Sex  
☐ Race (Black, White, Asian/Pacific  
Islander, American Indian,  
Alaskan Native)

☐ Color  
☐ Religion  
☐ Disability

☐ National Origin (Mexican, Hispanic, East Indian, Other)

☒ Age (40+)

☐ Retaliation

☒ Other Was scheduled to retire  
August 15, 2001

Identify yourself in terms of the basis or bases you checked, for example, "I am black" or "I am a disabled person" or my religious belief is."

I am 61 yrs of age

If you checked "retaliation," have you ever previously filed a charge with EEOC or another civil rights agency or complained to your employer about discrimination? ( ) yes ☒ no

If yes, explain:

N/A

3. Provide your reasons for your belief that the action taken against you was discriminatory for the reason you checked in item 3 above.

Was scheduled to retire 8-15-01

## General Intake Questionnaire

-3-

4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

Poor job performance in  
not completing assignments

5. Are the reasons for the action taken against you by the organization accurate?

Yes

No

X

Explain your answer:

Normal duties and "assigned" tasks  
were completed.

6. Describe the organization's policy or usual practice that governs the actions being complained about.

Am not sure

7. Has anyone else been treated as you were under similar circumstances? Please list them and identify by CLASS (race, sex, age, etc.)

Name

CLASS

Dreshon Crute,  
Assistant Store Manager  
Employed 15 yrs

Race (BLACK)

8a.

What happened to him or her?

He quit -- told me he  
just couldn't take the harassment  
any more (re: poor job performance).

Also: Another Assistant Manager (age 55), and  
still employed, recently told me that the Store  
Manager told her that he "wanted her out".  
She refuses to quit and continues to be  
badgered and harassed. She has sought  
medical care for her nerves.  
Also: Approximately 15 other employees have  
written to Corporate Headquarters about being harassed.

General Intake Questionnaire

-4-

8. Name other people who have been treated differently or more favorably under similar circumstances. Please list them and identify their CLASS (race, sex, age, etc.)

Name	CLASS
<u>Don't know</u>	

9a. What happened to him or her? N/A

9. Where the organization gave a reason for any action taken against you, can you name any employee who did the same thing or something worse who was not treated the same as you?

Name \_\_\_\_\_ Class (race, sex, age, etc.) \_\_\_\_\_

Job/Dept. \_\_\_\_\_

What happened to him/her Don't know

Have you sought assistance in this matter from any Government agency, union, attorney, or any other source?

☒ No \_\_\_\_\_ Yes \_\_\_\_\_  
(Name of source of assistance) (Date)

N/A  
RESULTS, IF ANY

Have you filed an EEOC Charge in the past? ☒ No \_\_\_\_\_ Yes (if answer is yes, complete below)

Approximate Date Filed	Organization Charged	EEOC Charge No. (if known)
------------------------	----------------------	----------------------------

General Intake Questionnaire

-5-

**SETTLEMENT INFORMATION**

If a charge is filed, the Commission will attempt to settle your case. What remedy would you be willing to accept?

Monetary compensation

What is/was your most recent wage/salary with this employer? 15.45/hr.

<b>SIGNATURE</b> x <u>Shirley Caebone</u>	<b>DATE</b> x <u>7-27-01</u>
--	---------------------------------



## INTAKE QUESTIONNAIRE - HARASSMENT

Questionnaire on the incident you are complaining about.

If because of a disability you need assistance in completing this form, please contact the office indicated above.

NAME SHIRLEY CARBONE TELEPHONE NO. (973) 759-6556  
(First) (Middle Name or Initial) (Last) (Include area code)

SOCIAL SECURITY NO. 230-44-8836 DATE OF BIRTH 8-7-39  
ADDRESS 87 Little St COUNTY SSEX  
CITY Belleverle, N.J. STATE N.J. ZIP CODE 07109

Please provide the name of an individual at a different address who is in the local area and who would know how to reach you.

NAME MARIA SALVATORE RELATIONSHIP COUSIN  
(First) (Middle Name or Initial) (Last)

ADDRESS 38 DAK ST TELEPHONE NO. (973) 566-9624  
CITY Bloomfield STATE N.J. ZIP CODE 07003  
(Include area code)

Organization your complaint is against:

*Handwritten: HENRIQUETTES*  
☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Specify) Belleverle, N. Store!  
NAME K-MART CORP. PHONE (248) 643-1000  
ADDRESS 3100 West Big Beaver Rd  
CITY Troy STATE Michigan ZIP CODE 48084  
TYPE OF BUSINESS Retail Dept. Store  
*Handwritten: 371-411 Main St. 973-751-3331*

Number of employees who work at the organization named above. Please check one.

A. 15 - 100 ☐ B. 101 - 200 ☒ C. 201 - 500 ☐ D. 501+ ☐ N. Under 15 ☐  
U. Unknown ☐ Belleverle store

### PLEASE PROVIDE A COMPLETE RESPONSE TO THE FOLLOWING

1. What position did you hold or were seeking with the above named organization?

Personnel Manager

2. Explain what action was taken against you that you believe to be discriminatory and the date(s) of the action, incident, harm, etc.

See Examples 1, 2 & 3 on Attached  
Exhibit A;  
Dates: 5-16 thru 5-19-01;

3. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe that you were treated this way for a reason other than what is listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
<input type="checkbox"/> Race	<input checked="" type="checkbox"/> Age (40+)
<input type="checkbox"/> Color	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Other	

OTHER:

Scheduled to retire 8-15-01

4. (a) Who harassed you? Provide the name, position, or other identification of each person who harassed you.

Scott Biel, District Manager  
Tony Arano, Store Manager

- (b) Tell us which of these people (if any) had the authority to discipline you, evaluate your performance, or control your work assignments.

Both

5. Who else was harassed? Provide their names, position or other identification of anyone you know who has been similarly harassed.

Jreshon Crute, Assistant Store Manager;

6. If you were not directly harassed but affected by the offensive conduct of a harasser toward another person, provide the name, position or other identification of the person harassed and the harasser.

Don't Know

7. What did the harasser do or say? Provide a detailed description of the harassment. Do not use general or vague terms to describe the offensive conduct or comments.

See attached Exhibit A - Examples 1, 2 & 3;

8. When did the harassment occur, and is it continuing? Give dates, approximate dates, day, time of day for each incident of harassment.

5-16 thru 5-19-01, I quit on 5-19-01

9. Where did the harassment occur?

Belleville, N.J. Stone. Stone's office  
and my office

10. Were there any witnesses? If so, provide the names, position, telephone number and address of witnesses and what they can attest to.

No witnesses

11. Did you tell the harasser or otherwise indicate that the conduct was unwelcome and it must stop? If not, why not? If you did, how did the harasser respond?

Yes -- he denied ever saying it

12. Does the employer have a harassment policy that you are aware of? Is there a provision for reporting harassment? If so, did you use that policy?

Am not sure

13. Did you complain about the harassment to management, human resource department, or file an internal grievance or report it to any employer representative? Provide the date(s) you complained as well as the name and position of any employer representative you complained to about the harassment.

After resigning, Wrote letter to Corporate Headquarters (see attached Exhibit A). Have never received a response.

14. Describe the employer representative's response to any complaint about harassment that you lodged. If you received a written response, attach a copy.  
Have never received a response
15. Who else did you tell about the harassment, other than the above?  
Several co-workers
16. What was their response?  
Responded with their own stories of badgering & harassment.
17. If you did not report the harassment to management or use an internal grievance procedure, explain in detail your reasons for not doing so.  
N/A
18. Were you subjected to any unfavorable treatment, change in position, duties, etc., as a result of your complaining to the harasser and or to management about the harassment? If so, describe the treatment you received and who caused it.  
I resigned 5-19-01.
19. Did the harassment affect your ability to perform your job? If so, describe the effect it had on your job performance.  
Yes! - Severe pressure and anxiety caused lack of concentration to small details
20. What effect did the harassment have on you personally?  
Mental anguish and nervousness; was taking tranquilizers

Harassment Questionnaire

-5-

11

21. Describe any monetary or other losses you suffered as a result of the harassment.

lost wages to 8-15-01; embarrassment in front of colleagues; and to retire with dignity

22. What do you want to accomplish by filing a charge of harassment?

① Monetary compensation;

② Stop policy for other employees;

Have you sought assistance in this matter from any Government agency, union, attorney, or any other source?

☒ No ☐ Yes (Name of source of assistance) (Date)

RESULT, IF ANY

N/A

Have you filed an EEOC Charge in the past? ☐ No ☐ Yes (If yes, complete below)

Approximate Date Filed

Organization Charged

EEOC Charge No. (if known)

**SETTLEMENT INFORMATION**

If a charge is filed, the Commission will attempt to settle your case. What remedy would you be willing to accept?

Monetary compensation

What is/was your most recent wage/salary with this employer?

15.45/hr - after 23 years

SIGNATURE

DATE

\* Shirley Carbone

\* 7-27-01

PLEASE DO NOT ALTER OR SUBSTITUTE THIS QUESTIONNAIRE IN ANY WAY

SETTLEMENT INFORMATION

If a charge is filed, the Commission will attempt to settle your case. Failure to provide the requested information may result in the dismissal of your charge.

1. What is/was your most recent salary with this employer? 15.45/hr.

2. If this is a promotion/hiring issue, what is the salary of the position(s) sought? N/A

3. Are you collecting unemployment benefits? Yes ☒ No. If not, please explain.

Unemployment Benefits denied; Store Manager denied any harassment

4. Did you receive a severance package? Yes ☒ No. If yes, explain the benefits that you received.

5. Explain in detail what action you have taken to find employment. Include dates of all action taken

None -- was scheduled to  
Retire 8-15-01

6. Are you currently employed? Yes ☒ No ☐ If yes provide the following:

a. Date of hire \_\_\_\_\_ And position title \_\_\_\_\_

b. Name and address of employer \_\_\_\_\_

N/A

c. Salary at hire \_\_\_\_\_ And at the present time \_\_\_\_\_

7. What is the remedy you would be willing to accept? \_\_\_\_\_

Monetary Compensation

8. What is the minimum relief that you will accept? \_\_\_\_\_

Monetary Compensation of  
lost wages, plus, punitive  
damages

10. To date, list all out of pocket expenses and damages (include dollar amount) as a result of the alleged discriminatory treatment. At some point during this investigation, you may be required to submit documents supporting your claim of damages.

Lost Wages from 5-19-01 to 8-15-01: \$ 6,118.20

Health Insurance for same time period: \$ 732.00

x Shirley Corbitt  
Signature

x 7-27-01  
Date



## **IMPORTANT**

**Please do not alter or substitute the attached questionnaire(s) in any way.**

**All questions must be answered, if applicable. Dates of each allegation(s) must be provided.**

**Failure to comply will result in your questionnaire not being processed.**

**CONTINUATION PAGE**

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

9. Has this employer offered to settle the alleged discrimination?

Yes ☒ No. If yes, please provide the information:

a. Date offer was made \_\_\_\_\_

b. Name and title of the person making the offer \_\_\_\_\_

None

c. Detailed explanation of the offer that was made \_\_\_\_\_

None

d. Did you accept the settlement offer? Yes No. If you rejected the settlement offer, please explain in detail.

N/A