

HRDC Form 1 (1/18)

CHARGE OF DISCRIMINATION		Charge Presented To	Agency/Unit Charge Noted
Against Whom (Name, if more than one, list under FAMILIAR below.)			
Name	No. Employees	Phone No.	
Ameren Services	501+ Employees	(618) 954-3307	
Name Address			
Alex Klaus Human Resources Associate 10 Richard Mark Way, MC 910 Collinsville, IL 62234			
Name	No. Employees	Phone No.	
Name Address	City, State and ZIP Code		
DISCRIMINATION BASED ON		DAILY DISCRIMINATION YOUR PLACE	
		Equal	Legal
		89168(8)	86113(8)
THE FOLLOWING CLASS (do not reference paper to which, use it only identify) I believe I was denied service because of my son's disability. I have tried to utilize Ameren's Medical hardship program they promise on their website. Each time I contacted them, the representative gave me a different response or excuse for my family not being accepted into the program. My son is diagnosed autistic and practically blind. March 15, 2023, Terri Engelbrecht and Bernaine Grubbs, Ameren representatives failed to respond to the emails sent by me regarding medical hardship assistance. June 21, 2023, Terri Engelbrecht, Bernaine Grubbs, Eric Banks, and Aubrey Kravac all failed again to establish medical hardship.			
I believe I was denied service because of my race. Ameren thinks because I own a business that I have money and have therefore have failed to accept my son's medical hardship request and have failed to provide my family a medical hardship. The Missouri Public Service Commission is aware of this but has done nothing to assist my family. Between Ameren and the Public Service Commission, they have allowed Ameren to violate me, use deceptive business practices and further allow Ameren to violate their practices.			
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 I am the complainant in this case and I am the person who filed this charge.		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.	
1/11/24 [Signature]		SIGNATURE OF COMPLAINANT	
[Signature]		WITNESSED AND SWORN TO BEFORE ME THIS 11th day of January, 2024.	

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This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.			



As remedy, I desire an end to the discrimination and anything else the Commission deems just and proper.

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<p>I make this charge first 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.</p>	<p><small>NOTE: Only file this charge if you meet EEOC Agency Requirements.</small></p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p>Date: <u>1/11/24</u> Signature: <u>[Handwritten Signature]</u></p> <p><small>Print Name: _____ Title: _____</small></p>	<p>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.</p> <p><small>Signature of Charge Affiant</small></p> <p>Mr. _____ Mrs. _____ Ms. _____ Mx. _____ Other _____</p> <p><small>(Print Name and Title)</small></p>

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CF-Indemnity-EEOC Form 1 (11/88)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

