

# Discrimination Complaint

U.S. Department of Labor  
Mine Safety and Health Administration



**Section A - This block is for MSHA Use Only.**

1. District	2. Field Office	3. Date Filed	4. Received By	Case Number
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**Section B - Complaint completes the rest of the form.**

**1. Complainant(s) - Person(s) Discriminated Against**

Name(s)	Address(es)	Area Code/Phone Number(s)
Charles Scott Howard	PO Box 88 Roxana, KY 41848	606-633-3878

2. Has the discriminatory action resulted in your being suspended, laid off, or discharged?  
 YES       NO      Discharged

3. Date of discriminatory action: 05-16-2011	4. Kind of job you had at the discriminatory action: Face
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5. Rate of regular pay at the time of discriminatory action: \$25.05 / hr.	6. Number of regular hours worked each week (Based on last 12 months of work): Was on injured status.
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7. Rate of overtime pay at the time of discriminatory action: \$37.12 / hr.	8. Average number of overtime hours worked each week (Based on last 12 months of work): Was on injured status.
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**Section C - Respondent - Organization Committing Discrimination**

1. Name of Company Cumberland River Coal Company	2. Address State Route 603 Appalachia, VA 24216	3. Area Code/Phone Number 276-679-1023
4. Mine ID Number (if known) 44-06816	5. Mine Name Band Mill Mine	6. Area Code/Phone Number at Mine 276-679-4534

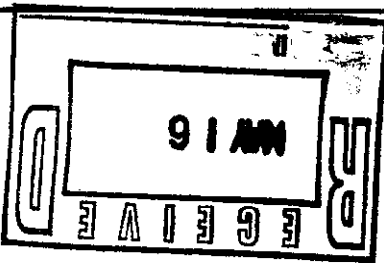
**Section D - Person(s) Responsible for Discriminatory Action**

1. Name(s)	2. Job Title
Gaither Frazier	General Manager
Valerie Lee	Human Resources

**Section E -** If you desire that a copy of all correspondence addressed to you from MSHA be provided to a representative (e.g. Union representative, attorney, etc.) please give his/her name and address to the right.

Tony Oppgaard, Esq. PO Box 22446 Lexington, KY 40522 859-948-9239	Wes Addington, Esq. 317 Main Street Whitesburg, KY 41858 606-633-3929
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Please use MSHA form 2000-124, Discrimination Report, to provide a summary of your complaint explaining what discriminatory action was taken against you, including the date, the time, and location of the action. Explain why you believe this action was discriminatory, and describe the relief being sought (for example, reinstatement, back pay, etc).



# Discrimination Report

U.S. Department of Labor  
Mine Safety and Health Administration



Discrimination Complaint of name(s) Charles Scott Howard	Case Number
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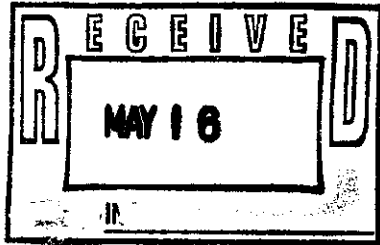
## Summary of Discriminatory Action

I was seriously injured in the Band Mill Mine on July 26, 2010. I was released to return to work without restrictions on May 11, 2011. On May 13, 2011, Cumberland River Coal Company instructed me to take annual retraining on May 16-17, 2011, and to return to work on May 18, 2011.

While I was in the midst of receiving annual retraining on May 16, 2011, CRCC notified me that I could not return to work on May 18, 2011, and that I no longer have a job and my workers' compensation benefits were being terminated.

CRCC's decision to not reinstate me and to terminate my employment violated Section 105(c) of the Federal Mine Safety and Health Act of 1977.

I want to be TEMPORARILY REINSTATED immediately to the position that I would have been assigned to on May 18th. I want to be permanently reinstated with full backpay, benefits, and interest.



  
Signature(s) of Complainant(s)

5-16-2011  
Date