EEOC Form 5 (2025)

CHARGE OF DISCRIMINATION

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

Charge Presented To:	Agency(ies) Charge No(s):
EEOC	

Michigan Department of Civil Rights and EEOC

State or local Agency, if any

Name *(indicate Mr., Ms., Mrs., Miss, Dr., Hon., Rev., etc.)*	Home Phone	Year of Birth
Rev. Dr. Richard Blue Jr.	[redacted]	[redacted]

Street Address, City State and ZIP Code

[redacted]

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. *(If more than two, list under PARTICULARS below.)*

Name	No. Employees, Members	Phone No.
Heartland Hospice	10+	[redacted]

Street Address, City State and ZIP Code

4000 Eastern Sky Drive STE 2 Traverse City, MI 49684

Name	No. Employees, Members	Phone No.

Street Address, City, State and ZIP Code

DISCRIMINATION BASED ON	DATE(S) DISCRIMINATION TOOK PLACE Earliest	Latest
Religion	6/22/26	7/9/26

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

See attached Statement in Support.

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.

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

11-4-26
Date

Rev. Dr. Richard Lee Blue Jr.
Charging Party Signature

NOTARY – *When necessary for State and Local Agency 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
Kristyn Marie Malkowski

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE *(month, day, year)*
11/4/2026

Kristyn M. Malkowski
Notary Public - State of Michigan
Mason County
My Commission Expires Mar. 29, 2030
Acting in the County of Manistee

Religious Beliefs & Background

I am an ordained Lutheran minister and a Board-Certified Chaplain. I am a follower of Jesus Christ, and my faith informs every aspect of my life. As a minister, I take joy in sharing the Gospel, shepherding the church members and patients entrusted to my care, and God's transformative work in my own life.

Former Employment

I was hired at Odyssey Healthcare Holding Company, d/b/a Gentiva Hospice ("Gentiva") and Heartland Hospice ("Heartland"), on or about September 3, 2024. I was hired for a Flex/Per Diem chaplain role to provide spiritual care to patients, with the knowledge that I am an ordained Christian minister. This role provided a substantial secondary source of income for myself and my family, in addition to my pastoral role.

Gentiva has multiple locations, and I began working at a location in Indiana. While at this location, my personnel records reflected favorable performance and identified no disciplinary or patient-care issues. For example, my 2025 annual review stated that my "consistent ability to exceed standards in your role is truly commendable" and that my "dedication to providing exceptional care makes a meaningful difference."

In May 2026, I transferred to a Heartland Hospice chaplain position in Michigan, effective on or about June 14, 2026, in connection with my pastoral call to a new church. My family and I moved from Indiana to Michigan so that I could begin both roles. Gentiva required a separate background check process, group interview, and transition offer prior to approving the transfer. I again received favorable onboarding approval from the full-time Michigan chaplain and was told I could move forward in the role. During the two days of onboarding, I participated in patient visits with the full-time chaplain, and she and I got along well.

My Former Employer's Religious Discrimination & Threat to My Livelihood

On or about June 22, 2026, my supervisor, [redacted] and an HR representative spoke with me about a coworker complaint concerning posts on my personal Facebook account expressing my sincerely held religious beliefs about marriage and sexuality. I was told that another employee viewed and circulated a personal Facebook post from my Facebook page, and that the employee subsequently filed a complaint. I made these posts in my personal capacity on my personal Facebook page, rather than any organizational page, and they were posted in early June, prior to my transfer start date of June 14, 2026. I was never told who filed the complaint nor which post was deemed concerning. HR proceeded to ask how, in light of my religious beliefs expressed within the post, I could effectively care for LGBTQ patients. I replied that I am a professional chaplain and my religious beliefs do not prevent me from giving compassionate, respectful, and equal care. I further explained that throughout my chaplaincy career, I have cared for patients and families of different faiths, identities, and sexual orientations. In fact, no specific patient or family complaint, refusal of care, discriminatory act,

or deficient visit was identified at any time during my employment. I then asked [redacted] whether I would be terminated, and both he and HR communicated that I would not be terminated.

On or about June 26, 2026, [redacted] asked me to consider whether I wished to continue with my role at Heartland. I replied that I intended to remain and was ready to serve patients.

On or about June 29, 2026, I emailed both [redacted] and HR a detailed, good-faith summary of the June 22 conversation. I asked that they correct any inaccuracies, identify the policy or policies implicated, clarify any concern about my continued employment, and to provide next steps. I was unaware of any specific company social media use policy, I asked if I had violated any such policy, and received no reply. I followed up with another email on or about July 6, 2026 and never received a substantive response.

On or about July 9, 2026, following two weeks of decreased PRN hours/work, [redacted] and HR communicated during a phone call that Gentiva had decided to separate my employment effective immediately. I asked for an official reason, and none was provided. I was then referred to an off-boarding document, and [redacted] and HR abruptly ended the call.

Gentiva completed Michigan UIA Form 1711 and stated “Involuntary Separation” in the employer-completed reason field. The document did not identify misconduct, a policy violation, or a performance deficiency.

The discussion on June 22 directly questioned whether my sincerely held Christian beliefs concerning marriage and sexuality disqualified me from adequately caring for patients. I received no additional complaints or reports of misconduct between the June 22 discussion and my termination on July 9. Therefore, I believe that my Facebook posts were the sole cause for my termination. As a result, I believe that Gentiva discriminated against me based on my sincerely held religious beliefs and practices in violation of Title VII of the Civil Rights Act.

INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. **Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)**

1. Personal Information

Last Name: Blue First Name: Richard MI: L

Street or Mailing Address: [redacted] Apt or Unit #: __ City: [redacted] County: [redacted] State: [redacted]

Zip: [redacted]

Phone Numbers: Home: [redacted]

Work: (_) ____ Cell: (__) ____

Email Address: [redacted]

Date of Birth: [redacted] Sex: [redacted] Do You Have a Disability? [redacted]

Please answer each of the next three questions. i. Are you Hispanic or Latino? No ii.

What is your Race? Please choose all that apply. [redacted] iii. What is your National Origin

(country of origin or ancestry)? [redacted]

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:
Name: Cliff Martin Relationship: Attorney
Address: 2001 W. Plano Pkwy Suite 1600 City: Plano State: TX Zip
Code: 75075 Office Phone: [redacted] Other Phone: (_) _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)
Employer

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: Odyssey Healthcare Holding Company (d/b/a Gentiva Hospice and Heartland Hospice)
Address: 4000 Eastern Sky Drive STE 2 County: Grand Traverse County City: Traverse City State: MI Zip: 49684 Phone: [redacted]

Type of Business: Healthcare/Hospice Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: [redacted] Phone: [redacted] Email: [redacted]

Number of Employees in the Organization at All Locations: Please Check (√) One
Fewer Than 15 15 – 100 101 – 200 201 – 500 5000+

3. Your Employment Data (Complete as many items as you are able.) **Are you a federal employee?** No

Date Hired: 09/3/2024 Job Title At Hire: Chaplain (Flex/Per Diem) – Indiana location

Pay Rate When Hired: [redacted] Last or Current Pay Rate: [redacted]

Job Title at Time of Alleged Discrimination: Chaplain (Flex/Per Diem) – Michigan location

Date Quit/Discharged: 07/9/2026 Name and Title of Immediate Supervisor: [redacted]

(Supervisor/Administrator RN II)

If Job Applicant, Date You Applied for Job: ____ Job Title Applied For:

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4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. *If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to* Retaliation.

Religion

If you checked color, religion or national origin, please specify: Christian

If you checked genetic information, how did the employer obtain the genetic information?

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. **Please attach additional pages if needed.**
(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. **Date**: July 9, 2026 **Action:** Religious discrimination and termination following a co-worker complaint concerning my private social media posts expressing my sincerely held religious beliefs in violation of Title VII of the Civil Rights Act. Please see attached Charge and Statement in Support.

Name and Title of Person(s) Responsible: [redacted] (Supervisor/Administrator RN II) and [redacted] (HR Director)

B. **Date**: _____ **Action: Name and Title of Person(s) Responsible**

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6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Following the complaint mentioned above, my employer proceeded to ask how I could effectively care for LGBTQ patients in light of my religious beliefs. Rather than accommodate my religious beliefs or acknowledge my reply that I've cared for patients of various faiths/identities/sexual orientations, my employer terminated my employment immediately. See attached Charge and Statement in Support.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title

I asked for an official reason following termination but my employer provided none. See attached Charge and Statement in Support.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?
Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A._____**B.**_____

Of the persons in the same or similar situation as you, who was treated *worse* than you?
Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A._____**B.**_____

Of the persons in the same or similar situation as you, who was treated the *same* as you?
Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A._____**B.**_____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

_____

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No
If "Yes," what medication, medical equipment or other assistance do you use?

_____

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No
If "Yes," when did you ask? _____ How did you ask (verbally or in writing)?
_____ Who did you ask? (Provide full name and job title of person) _____

Describe the changes or assistance that you asked for:

_____
How did your employer respond to your request?

_____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name Job Title Address & Phone Number What do you believe this person will tell us?

A. No witnesses beyond [redacted]

14. Have you filed a charge previously on this matter with the EEOC or another agency? No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing:

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Cliff Martin and Madison Krause of First Liberty Institute.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.**

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that **the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Signature Rev. Dr. Richard Lee Glass, Jr.

Today's Date 11-4-26

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). **2) AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)

3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. **4) ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters. **5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.