

FAXMITTAL

DATE: 11/6/18

TIME: 10:10am

FROM: Kandisha Franklin

RECEIVED  
FLORIDA COMMISSION ON  
HUMAN RELATIONS  
2018 NOV - 6 AM 10:31

TO: Florida Commission on Human Relations Attn: Alisha Merritt

NO. PAGES (including cover sheet): 4

FAX # TO: 850-487-1007

MESSAGE: Petition For Relief

Thank you

STATE OF FLORIDA  
FLORIDA COMMISSION ON HUMAN RELATIONS  
PETITION FOR RELIEF

Kandisha A. Franklin

Petitioner

v.

FCHR No. 20180354M

Dept. of Financial Services

Respondent

Petitioner files this Petition for Relief from a (check the applicable one):

Discriminatory Employment Practice

Discriminatory Housing Practice

Discriminatory Public Accommodation Practice

2018 NOV 16 AM 10:34

RECEIVED  
FLORIDA COMMISSION ON  
HUMAN RELATIONS

1. PETITIONER'S CONTACT INFORMATION:

Name: Kandisha A. Franklin

Address: 4260 Camden Road

City: Tallahassee State: Florida Zip Code: 32303

Telephone Number: (850) 321-1024 Fax Number: ( )

E-mail address: Kandisha@comcast.net

2. RESPONDENT'S CONTACT INFORMATION:

Name: Department of Financial Services

Address: 200 East Gaines Street

City: Tallahassee State: Florida Zip Code: 32309

Telephone Number: (850) 413-2021 Fax Number: (850) 413-2568

E-mail address: \_\_\_\_\_

3. RESPONDENT'S REPRESENTATIVE (if any and if known):

Name: Kenyatte Moyer, Employee Relations Manager

Address: 200 East Gaines Street

City: Tallahassee State: Florida Zip Code: 32399

Telephone Number: (850) 413-2021 Fax Number: (850) 413-2568

E-mail address: Kenyatte.Moyer@mfloridacfo.com

4. WHEN AND HOW DID PETITIONER RECEIVE NOTICE OF THE COMMISSION'S DETERMINATION:

Received the determination on October 19, 2018  
via email.

5. THE FOLLOWING IS A CONCISE STATEMENT OF THE ULTIMATE FACTS ALLEGED, INCLUDING THE SPECIFIC FACTS PETITIONER CONTENDS WARRANT REVERSAL OR MODIFICATION OF THE COMMISSION'S DETERMINATION:

My purpose for filing this Petition For Relief is  
to prove I was wrongfully terminated for I was  
never given the opportunity to do my job as the  
expert my management at that time claimed I was.

I would like to be given the chance to present the  
true cause for the health premium deduction  
error and why the agency managers lost trust  
in my work ethics, according to management.

I would like to be given the opportunity to present that  
I was forced to follow the direction of two  
managers in training and one who was  
emotionally unstable.

6. RESPONDENT HAS VIOLATED THE FOLLOWING FLORIDA STATUTE (Check One):

- Florida Civil Rights Act of 1992, as Amended, or
- Florida Fair Housing Act, as Amended

THE FOLLOWING IS AN EXPLANATION OF HOW THE ALLEGED FACTS RELATE TO THE SPECIFIC FLORIDA STATUTE:

Management violated my personal dignity and never gave me the opportunity to work up to my full productive capabilities.

7. PETITIONER SEEKS THE FOLLOWING RELIEF:

To remove the agency's statement that I was terminated for poor performance.

To receive compensation for lost of income and increase in health insurance premium.

\*Note that \_\_\_\_ (provide #) additional pages have been attached.

WHEREFORE, Petitioner respectfully requests that the Florida Commission on Human Relations enter an Order prohibiting the discriminatory practice and granting affirmative relief, damages, attorneys' fees and other relief as may be just and equitable in this cause.

Kandisha Prantzer  
Petitioner's Signature

11/6/18  
Date