

CHARGE DISCRIMINATION

AGENCY

CHARGE NUMBER

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

FEPA
 EEOC

151951237

and EEOC

State or local Agency, if any

00-1123

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

HOME TELEPHONE (Include Area Code)

Ms. Brenda White

(205) 484-3845

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

P.O. Box 123, Goshen, AL 36035

09/26/57

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

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Sandestine Beach Resort

Cat A (15-100)

(904) 837-2121

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

9300 Hwy 98, Destin, FL 32541

131

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

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

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST

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

10/10/94 10/10/94

CONTINUING ACTION

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

I was discharged from the position of Laundry Worker by the Sandestine Beach Resort on October 10, 1994.

The hotel management told me that I was discharged because I failed to show up for work. A co-worker of mine named Dwayne (a white male), however, did not show for work the same day. Dwayne was not discharged. He was simply reassigned to another position.

I believe that the Sandestine Beach Resort discriminated against me based upon my race, black, and gender, female, in violation of Title VII of the 1964 Civil Rights Act, as amended when it discharged me from the position of laundry worker on October 10, 1994.

8:53 AM
3/13/00

RECEIVED
TAMPA AREA OFFICE
TAMPA, FL
1995 MAR 26 PM 2:38
UNITED STATES
EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION

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.

NOTARY - (When necessary for State and Local Requirements)

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

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

Date 3-5-95
Charging Party (Signature) Brenda White

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

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