

FLORIDA COMMISSION ON HUMAN RELATIONS

305 John Knox Road, Suite 240, Buil
Tallahassee, Florida 32399-1570

99-4333

CHARGE OF DISCRIMINATION		FCHR No. <u>95-2471</u>
Name (Indicate Mr., Ms., or Mrs.) Mr. Jeffrey Priskie	Division of Administrative Hearings FILED	Telephone No. (area code) (305) 430-5191
Street Address 19306 N.W. 13th Street	Date <u>10-13-99</u>	Home (407) 368-3333
City, State, and Zip Code Pembroke Pines, FL 33029		Work (if possible to call you there)

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name Omni Colonnade Hotel	No. of Employees approx. 200	Telephone No. (area code) (305) 441-2600
Street Address 180 Aragon Avenue, Coral Gables, FL 33134	City, State and Zip Code	County Dade

CASE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input checked="" type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8/5/94?
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I was terminated August 5, 1994 from my position as Director of Catering at the Omni Colonnade Hotel. I believe I was fired because of my religion (Jewish) and because the company wanted to replace me with a Latin woman. The hotel management and staff repeatedly made unnecessary and derogatory references to my religion.

DOB: 1/10/55

SSN: 1

Notify the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY-- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME <i>Barbara L Kornblau</i> BARBARA L KORNBLAU My Commission CC452572 Expires Apr. 12, 1999 Bonded by HAI 800-422-7555
SIGNED BY COMPLAINANT <i>[Signature]</i>	DATE 7/6/95