

Amended

FILED  
 DIVISION OF  
 ADMINISTRATION  
 HEARING ROOM  
 09/22 AM 8:51

POS	CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.)	Mr. Ronald E. Winn	Telephone No. (area code)
Street Address	2216 Driftwood Drive	Home
City, State, and Zip Code	Fern Park, FL 32730	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	City of Casselberry	No. of Employees	Telephone No. (area code)
Street Address	95 Lake Triplet Drive	City, State and Zip Code	Casselberry, Florida 32707
		County	Seminole

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	09/23/94

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

I. PERSONAL HARM  
 On September 23, 1994, I was discharged from my position as a Customer Service Clerk, after being denied accommodation to my handicap. I had been employed almost six years.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
 Ms. Betty Oates, Customer Service Supervisor, said I needed a score of 80 to pass the performance evaluation. No reason was given for not accommodating my handicap.

III. DISCRIMINATION STATEMENT  
 I believe I have been discriminated against because of my handicap, and retaliated against because I filed a discrimination complaint against Respondent, in violation of the federal Civil Rights Act of 1964, as amended, the Americans with Disabilities Act, and the Florida civil Rights Act of 1992.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S).

RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS  
 1998 OCT -4 PM 12:02  
 RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS  
 1998 OCT -2 PM 2:37

I will advise 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 PUBLIC SUE BAUM No. Required for ( )
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SIGNATURE OF COMPLAINANT	DATE	NOTARY PUBLIC, STATE OF FLORIDA SUE BAUM Bonded thru Library Public Underwriters 31 OF July 1995
<i>Ronald E. Winn</i>	07-31-1995	