

**FLORIDA COMMISSION ON HUMAN RELATIONS**  
**325 John Knox Road, Suite 240, Building F**  
**Tallahassee, Florida 32303-4149**

00-1129  
8/24/95

**CHARGE OF DISCRIMINATION**

FCHR No. 952863 AMENDED

Name (Indicate Mr., Ms., or Mrs.)

Jacki Schmied Tampas

Social Security Number

Date of Birth  
10/24/54

Street Address

707 Northeast Tenth Avenue

Home Telephone Number (area code)  
904 373-3426

City, State, and Zip Code

Gainesville, Florida 32601

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

University of Florida

No. of Employees

15+

Telephone No. (area code)

904 392-1161

Street Address

Fletcher Drive & Stadium Road, UF Campus

City, State, and Zip Code

Gainesville, Florida

County

Alachua  
Division of Administrative Hearings

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

- RACE    COLOR    SEX    RELIGION    DISABILITY  
 NATIONAL ORIGIN    AGE    MARITAL STATUS    RETALIATION

DATE MOST RECENT OR CONTINUING

DISCRIMINATION TOOK PLACE

(month, day, year) 8/1/95

**FILED**

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

I. PERSONAL HARM:

II. RESPONDENT'S REASON FOR PERSONAL HARM:

Time

Date

3-13-00

**III. DISCRIMINATION STATEMENT:** I believe that I have been discriminated against because of my gender which is a violation of Title VII of the Federal Civil Rights Act of 1992, as amended, Florida Statute 760.10 for the following reason(s):

I was discharged from my position from the infirmary because of my sex/female. My supervisor verbally abused and harassed me, along with all other female workers in our work area.

**I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).**

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.

SIGNATURE OF COMPLAINANT

DATE

SIGNATURE ON FILE

8/24/95

NOTARY- (Required for Filing)  
SUBSCRIBED AND SWORN TO BEFORE ME

OF \_\_\_\_\_, 19\_\_\_\_