

FLORIDA COMMISSION ON HUMAN RELATIONS

John Knox Road, Suite 240, Building
Tallahassee, Florida 32399-1570

60-1797

RM	CHARGE OF DISCRIMINATION	FILED	FCHR No.	97-J074
Name (Indicate Mr., Ms., or Mrs.) Ms. Tammi M. Garland		00 APR 27 PM 3: 20	Telephone No. (area code)	
Street Address 263 Ross Rd.		DIVISION OF ADMINISTRATIVE HEARINGS	Home 904-671-2648	
City, State, and Zip Code Tallahassee, FL 32310			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 Florida Dept. of State	No. of Employees 15+	Telephone No. (area code) 904-487-6000
Street Address 409 E. Gaines St.	City, State and Zip Code Tallahassee, FL 32399	County Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	10/14/96

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

I. PERSONAL HARM
On October 14, 1996, I was terminated from my position as a Lincensing Examiner.

II. RESPONDENT'S REASON FOR ADVERSE ACTION
I received a letter from Mr. Raymond L. Revell, Bureau Chief, stating my termination was due to insubordination and conduct unbecoming a public employee.

III. DISCRIMINATION STATEMENT
I believe I have been discriminated against because of my race, black. I believe my rights have been violated under Title VII of the Civil Rights Act of 1964 as amended and the Florida Civil Rights Act of 1992 as amended.

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

1997 MAR 10 AM 9 50
RECEIVED



Angel L. Diaz
MY COMMISSION # CG550123 EXPIRES
April 24, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

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. FL DC LIC 6045-813-61-879-0	NOTARY-- (Required for Filing)
	SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF COMPLAINANT Tammi M. Garland	DATE 3-10-96
[Signature] 10 th OF April 1997	