

FLORIDA COMMISSION ON HUMAN RELATIONS
325 John Knox Road, Suite 240, Building F
Tallahassee, Florida 32303-1149

00-405

AMENDED

Name CHARGE OF DISCRIMINATION		FCHR No. 96-A876	
Home (Indicate Mr., Ms., or Mrs.) Mr. Edwin Roy Bollinger		Social Security Number	Date of Birth
Street Address 6372 Alderwood Plaza		Home Telephone Number (area code) 612-578-3067	
City, State, and Zip Code Woodbury, MN 55125		Work (if possible to call you there)	

JAN 25 AM 9:20
 DIVISION OF ADMINISTRATIVE HEARINGS

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

Name Florida Dept. of Environmental Protection Division of Law Enforcement	No. of Employees 15+	Telephone No. (area code) -----
Street Address 3900 Commonwealth Blvd., MS 675	City, State, and Zip Code Tallahassee, FL 32399-3000	County Dade

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"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	03/31/95

- I. PERSONAL HARM
I was terminated on 3/31/95.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION
Respondent states that it was for poor paperwork, however a female officer had worse paperwork than I did and she was not disciplined.

III. DISCRIMINATION STATEMENT
 I believe I have been discriminated against because of my Age, for the following reasons:

Most of the older workers were forced out of their position during and after the period I was terminated. I feel the prior harassment and disciplinary actions against me were to get me to resign so they could hire younger workers.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, 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.	NOTARY- (Required for Filing)
	SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF COMPLAINANT	DATE
SIGNATURE ON FILE	3/12/96
_____ OF _____, 19____	

1