

FLORIDA COMMISSION ON HUMAN RELATIONS

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

FILED

00-2624

RM	CHARGE OF DISCRIMINATION	1996 JUN 20 AM 11:54	FCH 00 JUN 28 AM 8:57 B665
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Name (Indicate Mr., Ms., or Mrs.) Ms. Josephine Hayes	Telephone No. (area code) DIVISION OF ADMINISTRATIVE HEARINGS 904-997-2253
Street Address Route 4, Box 4700	Home
City, State, and Zip Code Monticello, FL 32344	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 Arbors at Tallahassee	No. of Employees 15+	Telephone No. (area code) 904-942-9868
Street Address 1650 Phillips Rd.	City, State and Zip Code Tallahassee, FL 32308	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	03/31/95

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

I. PERSONAL HARM
On March 31, 1995, I was terminated from my position as a Certified Nurses Aide.

II. RESPONDENT'S REASON FOR ADVERSE ACTION
No reason was given.

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

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

DAWN F. STAFF
NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires 12/31/96
Commission No. 00202713

Jefferson C. Fl.
NOTARY-- (Required for Filing)

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 <i>Josephine Hayes</i>	DATE 6/18/96	SUBSCRIBED AND SWORN TO BEFORE ME by Josephine Hayes who produced A. Dr. Lic # 1200-422-57-650-0 18th of June Dawn F. Staff 1996
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