

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32399-1570

00-535

RM	CHARGE OF DISCRIMINATION	FCHR No.	FILED 96-0530
Name (Indicate Mr., Ms., or Mrs.) Mr. Douglas Richard McCowan		Telephone No. (area code) 00 FEB - 7 AM 8:51	
Street Address 2108 Heatheroak Drive		Home DIVISION OF ADMINISTRATIVE SERVICES 407-890-6949	
City, State, and Zip Code Apopka, FL 32703		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 Diversey Corp.	No. of Employees 15+	Telephone No. (area code) 800-992-2509
Street Address 1060 Maitland Ctr. Commons,	City, State and Zip Code Maitland, FL 32751	County Orange

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 type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	12/09/94

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

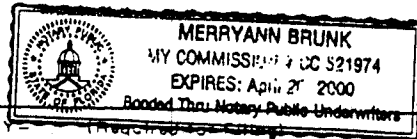
I. PERSONAL HARM
 On December 09, 1994, I was terminated from my position as a District Sales Manager.

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

III. DISCRIMINATION STATEMENT
 I believe I have been discriminated against because of my Age, 44. 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).

1996 JUN - 8 PM 3: 14
 DIVISION OF ADMINISTRATIVE SERVICES
 STATE OF FLORIDA



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: *Douglas R. McCowan*

DATE: 6/18/96

NOTARY PUBLIC (Required by Statute)

SUBSCRIBED AND SWORN TO BEFORE ME

Meryann Brunk