

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

00-1128

RM	<b>CHARGE OF DISCRIMINATION</b>	FCHR No.	96-A170
Name (Indicate Mr., Ms., or Mrs.) Ms. <del>Sheila Williams</del> Ms. Shelia Williams		Telephone No. (area code)	
Street Address 820 East Camphor Way		Home 407-724-6152	
City, State, and Zip Code Melbourne, FL 32901		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 Gustafson's Dairy	No. of Employees 15+	Telephone No. (area code) 407-636-4556
Street Address 750 Clearlake Rd.	City, State and Zip Code Cocoa, FL 32922	County Brevard

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 checked="" 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	09/26/95

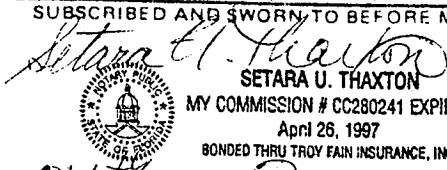
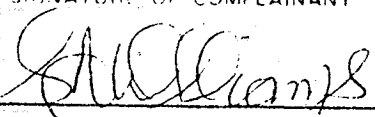
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

- I. PERSONAL HARM  
On September 29, 1995, I was denied a position with Gustafson's Dairy as a Truck Driver.
  - II. RESPONDENT'S REASON FOR ADVERSE ACTION  
No reason was given.
  - III. DISCRIMINATION STATEMENT  
I believe I have been discriminated against because of my Gender, Female. 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).

RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS  
 1996 JUN 26 PM 2:32

8:55 AM

Date 3/13/00

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  SETARA U. THAXTON MY COMMISSION # CC280241 EXPIRES April 26, 1997 BONDED THRU TROY FAIN INSURANCE, INC.
SIGNATURE OF COMPLAINANT	DATE
	6-24-96 24 <sup>th</sup> OF June 19 96

Shelia A. Williams provided ID