

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

00-4433

RM	CHARGE OF DISCRIMINATION	FCHR No. 96-1121
Name (Indicate Mr., Ms., or Mrs.) Ms. Zoraida M. Olivera		Telephone No. (area code) 41
Street Address 1585 W. 55th Place 128 SE 2nd AVE.		Home 954-457-1274 305-362-6476
City, State, and Zip Code Hialeah, FL 33012 Hallandale, FL 33009		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 City of Hallandale	No. of Employees 15+	Telephone No. (area code) 305-949-9912
Street Address 308 S. Dixie Hwy.	City, State and Zip Code Hallandale, FL 33009	County Broward

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 checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	04/24/95

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

I. PERSONAL HARM
 On April 24, 1995, I was forced to resign from my position as an Office Manager/Executive Secretary.

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 the Florida Civil Rights Act of 1992 as amended.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S). *and Federal*
I request full recompense for all this time I have been out of work, and restitution of my job.

Racial slurs of my race were voiced by Mr. Intindola. He would refer to "You Cubans". Out of everyone in the office that was coming in late, I was the only one put on probation for 6 months. If I so only came in late once I would loose my job. I went to my superior, Ms. Chapman and said the action was not fair, she said "Life Is Not Fair!"

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 11/14/95
 9:58 SEP -6 PM 12:05

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 <i>Zoraida Olivera</i>	DATE <i>9/2/96</i>
OFFICIAL NOTARY SEAL MIGUEL GONZALEZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC362469 MY COMMISSION EXP. APR. 7, 1998	

Miguel Gonzalez

STATE OF FLORIDA

CASE NAME Oliviera vs City Of

CITY/COUNTY OF Hialeah/Dade

CASE NUMBER _____

AFFIDAVIT

I, Zoraida M. Oliviera being first duly sworn upon my oath affirm and hereby say:
(Name)

I have been given assurances by an Agent of the U.S. Equal Employment Opportunity Commission that this Affidavit will be considered confidential by the United States Government and will not be disclosed as long as the case remains open unless it becomes necessary for the Government to produce the affidavit in a formal proceeding. Upon the closing of this case, the Affidavit may be subject to disclosure in accordance with Agency policy.

I am 34 years of age, my gender is Female and my racial identity is Other Race.
(sex) (race)

I reside at 1585 West 55 Place
(Number/Street)

City of Hialeah, County of Dade

State of FL, Zip Code 33012

My telephone number is (including area code) (305) 362-6476

My statement concerns City Of Hallandale which is
(Name of Union/Company/Agency)

located at 308 South Dixie Highway
(Number/Street)

in Hallandale FL 33009
(City) (State) (Zip)

My job classification is (if applicable) Executive Sec./Ofc. Mgr.
(job title)

My immediate supervisor is (if applicable) Cheryl Chotman, Assis. To City Manager
(Name) Sheryl Chapman (job title)

I am 34 years of age. My gender is female and my date of birth is 04/28/61. My race and national origin are Hispanic/Cuban. I reside at 1585 West 55 Place, Hialeah, Florida 33012. My telephone number is (305) 362-6476.

The Respondent's name is City of Hallandale. The Respondent employs approximately 300+ employees. I worked at 308 South Dixie Highway, Hallandale, Florida 33009. The last position I held was Executive Secretary/Office Manager. My immediate supervisor was Cheryl Chotman, Assistant to the City Manager. The person over my supervisor was R>J> Intindola City Manager (White American).
sheryl chotman
Intindola

I believe the Respondent discriminated against me due to my national origin because I was subjected to ethnic slurs and remarks. I and other Cubans were often referred to as "you Cubans!" Guadalupe Preto (Hispanic) was given a hard time by R. J. Intindola. She also resigned.
Intindola 30

I was forced to resign on April ^{24 30} 29, 1998⁵³⁰. Witnesses who will support me are Guadalupe Prieto, Ruth ~~Domez~~ ^{Dones}, and Donna ~~(last name unknown)~~ ^{Silva 30}.

X30 Page 1 of 2
(initials)

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

FEPA
 EEOC

Broward County Human Rights Division and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Ms. Zoraida M. Oliviera

HOME TELEPHONE (Include Area Code)

(305) 362-6476

STREET ADDRESS

1585 West 55 Place, Hialeah, FL 33012

CITY, STATE AND ZIP CODE

DATE OF BIRTH

04/28/61

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

City Of Hallandale

NUMBER OF EMPLOYEES, MEMBERS

101 - 200 Employees

TELEPHONE (Include Area Code)

(954) 949-9912

STREET ADDRESS

308 South Dixie Highway, Hallandale, FL 33009

CITY, STATE AND ZIP CODE

COUNTY

011

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST

LATEST

04/24/95

04/24/95

CONTINUING ACTION

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

1. On April ²⁴~~29~~, 1995, I was forced to resign from my position of Executive Secretary/Office Manager by the Respondent. I was also subjected to harassment. I am Hispanic/Cuban.
2. The reason given by Respondent was too many errors.
3. I believe I was discriminated against in violation of the Florida Human Rights Act (Chapter 760).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

NOTARY (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

X Zoraida Oliviera
MICHAEL O. BURNEY
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)
14-April 1995

Date 4/14/96

X Zoraida Oliviera
Charging Party (Signature)

STATE OF FLORIDA
CITY/COUNTY OF Hialeah/Dade

CASE NAME Oliviera vs City Of
CASE NUMBER _____

AFFIDAVIT (cont.)

My working environment was made very hostile. In addition, while everyone in the office came in late and were not given 6 months written probation, I was subjected to this probation. When I went to my immediate supervisor and asked why am I the only one on probation, she said "Life is not fair" Yes! that bluntly. Jill Scroggs also threw the door at my face once. She is the Assistant City Manager. (White American) 30

I have read and had an opportunity to correct this Affidavit consisting of 2 handwritten typed pages and swear that these facts are true and correct to the best of my knowledge and belief.

X Lourida Oliveira

Subscribed and sworn to before me
this 14 day of April, 1966.

Michael O Barry

MICHAEL O. BURNETT
COMMISSION # 00 521259
EXPIRES 12/31/1989
ATLANTA, GEORGIA, INC.

CHARGE OF DISCRIMINATION

AGENCY
FEPA
EEOC

CHARGE NUMBER
96-1819

This form is affected by the Privacy Act of 1974; See Privacy Act Statement completing this form.

Broward County Human Rights Division and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) **Ms. Zoraida M. Oliviera** HOME TELEPHONE (Include Area Code) **(305) 362-6476**

STREET ADDRESS **1585 West 55 Place, Hialeah, FL 33012** CITY, STATE AND ZIP CODE **FL 33012** DATE OF BIRTH **04/28/61**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME **City Of Hallandale** NUMBER OF EMPLOYEES, MEMBERS **101 - 200 Employees** TELEPHONE (Include Area Code) **(954) 949-9912**

STREET ADDRESS **308 South Dixie Highway, Hallandale, FL 33009** CITY, STATE AND ZIP CODE **FL 33009** COUNTY **111**

NAME _____ TELEPHONE NUMBER (Include Area Code) _____

STREET ADDRESS _____ CITY, STATE AND ZIP CODE _____ COUNTY _____

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))
 RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)
 DATE DISCRIMINATION TOOK PLACE
 EARLIEST **04/29/95** LATEST **04/29/95**
 CONTINUING ACTION

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

- On April ²⁴~~29~~, 1995, I was forced to resign from my position of Executive Secretary/Office Manager by the Respondent. I was also subjected to harassment. I am Hispanic/Cuban.
- The reason given by Respondent was too many errors.
- I believe I was discriminated against in violation of the Florida Human Rights Act (Chapter 760).

RECEIVED
FLORIDA COMMISSION ON HUMAN RIGHTS
MAY -6 PM 4:23

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

NOTARY (When necessary for State and Local Requirements)
Michael C. Burney
 I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT
x Zoraida Oliviera
 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)
14 - April 1996