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

CHARGE OF DISCRIMINATION		FCHR No. 944 \$331
Name (Indicate Mr., Ms., or Mrs.) Mrs. Pamela Hatcher PECEIVED		Telephone No. (area code) 31 (2)
Street Address 3695 Hwy 90 W.		Home HEARINGS 904-482-4290
City, State, and Zip Code		Work (if possible to call you there)
Marianna, Florida 32446 Florida Commission on Human Relations		None
List the employer, labor organization, employment a person who discriminated against you.	agency, apprenticeship	committee, government agency, or other
Name Sunland Center/State of Florida HRS	No. of Employees	Telephone No. (area code)
		904-482-9200
Street Address City, State and Zip Code		County
3700 Williams Drive Marianna, Florida 32446 Jackson		
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box established) RACE COLOR XX SEX RELIGION NATIONAL ORIGIN AGE MARITAL STA	HANDICAP	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month,dey,year) 08/26/96
THE PARTICULARS ARE (If additional space is needed, attach extra s	(SEE /	ATTACHED SHEET)
On August 27, 1996, I was denied hiring applied for the position on August 6, 1	•	of Centrix Operator. I had
II Respondent's Reason for Adverse Action		
Mr. Roland Fears, Personnel Tech, state received a bad reference from one of my		· · · · · · · · · · · · · · · · · · ·
III Discrimination Statement		
I beliève that I have been discriminate back impairment, for the following rea		me sex, female and handicap,
 I have over three years experience and a lesser qualified male, Mr. R was hired. 		
2. The bad reference Mr. Fears mention terminated my employment when I commy husband. Mr. Fears was made away employers after the one that gave	mplained about eig are of this situat	the thousand dollars he owed tion, yet ignored that I other
I request the full releif to which I a	m entitled under t	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.	NOTAR SUBSCR	Y - (Required for Filing) IBECLAND SWORN HIT ABOUT BURNOW IN E MY COMMISSION # CC552482 EXPIRES MAY 2, 2000 BONDED THRU TROY FAIN HISURANCE, INC.
SIGNATURE OF COMPLAINANT DATE		2h. 14 h n - + h

09-11-96

Discrimination Statement Continued:

I feel that had I been male 3. that I would have been hired for the position that I applied for. I feel that the reference issue was pretextual to deny me employment in favor of a lesser qualified male.

H326

John Albert Burnets

John Albert Burnett MY COMMISSION # CC552482 EXPIRES May 2, 2000

BONDED THRU TROY FAIN INSURANCE, INC.