

99-3476

FLORIDA COMMISSION ON HUMAN RELATIONS
325 John Knox Road, Suite 240, Building F
Tallahassee, Florida 32303-4149

99 AUG 17 AM 9:42
FILED
ADMINISTRATIVE
HEARINGS

CHARGE OF DISCRIMINATION		FCHR No. 96L154
Name (Indicate Mr., Ms., or Mrs.) MS. DEBORAH EVELYN SMITH		Social Security Number
Street Address P. O. Box 3548 P.O. Box 660343		Date of Birth 6/28/49
City, State, and Zip Code Navarre, Florida 32566 Birmingham Alabama 35266-0343		Home Telephone Number (area code) 904 936-9650 205-8718250
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		Work (if possible to call you there) (86-4781)

Name Gulf Power Company (Southern Services)	No. of Employees 15+	Telephone No. (area code) 904 626-3701
Street Address 500 Dogwood Street, SW	City, State, and Zip Code Milton, Florida 32570	County Santa Rosa

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 5/8/95
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

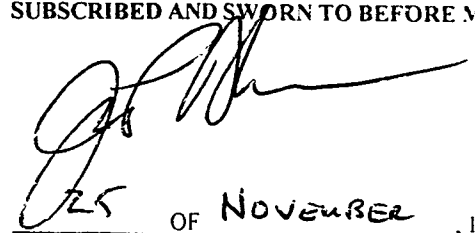
I. PERSONAL HARM: I was discharged from my position as a meter reader after 13 years of service with the company.

II. RESPONDENT'S REASON FOR PERSONAL HARM: I was informed by my supervisors on three occasions, three different reasons for my discharge

III. DISCRIMINATION STATEMENT: I believe that I have been discriminated against because of my disability, my sex and age which is a violation of the Florida Civil Rights Act of 1992, as amended, Title VII Florida Statute 760.10 the ADA, the ADEA and Federal Law(s) for the following reason(s):

- I was denied the use of a safe vehicle, my male counterparts were not.
- I was continuously being compared to younger, healthier men.
- I was not reasonably accommodated when I requested a transfer or when I needed surgery.
- I was denied overtime hours, my male co-workers were not denied.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER 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.	NOTARY- (Required for Filing)
	SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF COMPLAINANT <i>Deborah Evelyn Smith</i>	DATE 11-25-96
 25 OF NOVEMBER 19 96 MY COMMISSION EXPIRES MAY 10, 2000	

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS
1996 NOV 27 AM 11:27

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

CHARGE OF DISCRIMINATION 1995 DEC 12 AM 10:21		FCHR No. 76154
Name (Indicate Mr., Ms., or Mrs.) Ms. Deborah Evelyn Smith		Telephone No. (area code) 904-9832072
Street Address 6406 Ashborough Ct. Apt. C		Home
City, State, and Zip Code Milton, Florida 32570		Work (if possible to call you there) Was terminated 8-30-95
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		
Name Gulf Power last supervisor Don Salter	No. of Employees	Telephone No. (area code) 904-626-3701
Street Address 904 Dogwood St. SW	City, State and Zip Code Milton, Florida 32570	County Santa Rosa
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 5-8-95 to 8-30-95
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):		
<p>I believe I have been discriminated against on the basis of my sex, age, and handicap. which is:</p> <ol style="list-style-type: none"> 1. Deterioration of Mental and Physical Health, Medical Records to verify. 2. Medical Bill was not paid by self insured Gulf Power (was 100% covered). 3. No longer have money to go back to Back Specialist in Alabama who did Back Surgery in 1994. Company owes him \$10,000. 4. Lies told to Unemployment Office. (could have not recieved unemploye 5. Was told on Aug. 21, 1995 I might not be able to do overtime even though I had a Doctors release. 6. Was denied training in other fields, when Company told Meter Readers that Meter Reading would be phased out in approxately 2 years. 7. Other jobs to train for, and do would be Connect and Disconnect, and Colletions, which other male meter readers are and was doing while I was working as Meter Reader. I was told I could not do these jobs. 8. Was given vehicle that was unsafe and got 100 to 105 degrees. I repeatedly asked for different truck and was denied it. Other male Meter Readers and even a temporary Meter Reader had air condition. This made it impossible to read fast. Truck was running 90% of the day, as the routes were not walked, but read out of truck with binnoculars motor heated up entire truck and I got heat exhaustion. When I told boss this he offered me no suitable answer. 10. Was terminated before I was given a chance to learn Area and Routes 11. VEP nurse that Gulf Power hired told me I was to gradually get to reading a Route a day. To see If my back would take it. 		
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)
SIGNATURE OF COMPLAINANT		SUBSCRIBED AND SWORN TO BEFORE ME
DATE		2 OF 5 . 19

Evelyn Lowe---Distribution Service Operator--Vice Chairman and
Chairman of Ft. Walton IBEW Union--Just moved and do know her
new number 904-4848831 work 904-4845763 cannot talk at length
at work, as phones conversations are recorded
Bobby Law-- Panama City Dist Of Line Service--9047850680 Employee
of Gulf Power
Shirley Hoffer--904-9398252--DSO (same as Evelyn.) Harassment and Descri

Joe Nobles--904-4780258 Business Manager of IBEW Union and Employee
of Gulf Power--Crist Plant Power Generation--Gulf Power

Vic Oleson--President of IBEW Union--904-4784522--Pensacola District
Office Line Service--Gulf Power Employee
Barbara French--My Health Options Doctor--904-4749606

Michael E. Miller--My Surgeon for my back--1-800-2726481

Avalon Center--Mental Health--Kathy Larson--904-6236709
Mental Health Council
I can send addresses and Doctors Reports if needed.

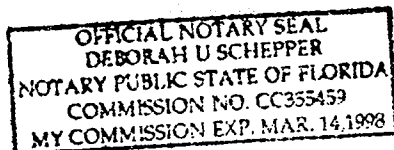
I have many Doctors Reports on Physical and Mental Health due
to Harassment and disabilities caused by Stress and Tension
both Physical and Mental. These reports can be obtained.
Injuries are caused by Workers Compt. and Work Related.

All of the above are involved in my case by some way

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Deborah E. Smith
Deborah E. Smith

The foregoing instrument was acknowledged before me this
11th day of December, 1995, by Deborah E. Smith, who has produced
a pictured Florida Driver License #S530-165-49-728-0 as identification
and who did take an oath.



Deborah U. Schepper
Deborah U. Schepper, Notary Public