

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

01-3354

Disc 970/96

CHARGE OF DISCRIMINATION		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) Ms. Thaise A. Hampton		Social Security Number 261-94-4024
Street Address 2061 Vista Road		Date of Birth 03-15-48
City, State, and Zip Code Marianna, Florida 32446		Home Telephone Number (area code) (904) 482-5193
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you. State of Florida Dept. of Corrections Apalachee Correctional Institute		Work (if possible to call you there) None
Name Apalachee Correctional Institute	No. of Employees 15+ yes	Telephone No. (area code) (904) 593-6431
Street Address P.O. Box 699	City, State, and Zip Code Sneads, FL. 32460	County Jackson
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input checked="" 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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 9/19/96

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

I. PERSONAL HARM:

See attached sheet

II. RESPONDENT'S REASON FOR PERSONAL HARM:

See attached sheet

III. DISCRIMINATION STATEMENT:

See attached sheet

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Barbara J. McCallough
 MY COMMISSION # CC531488 EXPIRES
 February 11, 2009
 BONDED THRU TROY FAIR INSURANCE, INC.

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
 Thaise A. Hampton
 DATE
 12/03/96

NOTARY- (Required for Filing)
 SUBSCRIBED AND SWORN TO BEFORE ME
 Barbara J. McCallough
 3rd DECEMBER 1996



The Particulars

I. PERSONAL HARM:

I worked for The Department Of Corrections at Apalachee Correctional Institution, as a Resource Teacher, in the Education Department from January 20, 1995 until September 19, 1996, the date I was terminated.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

I was informed I was terminated on September 19, 1996 because I was in a "probationary status," of which I knew nothing about, because I had been employed for over a year prior to the accident on April 12, 1996.

III. DISCRIMINATION STATEMENT:

I believe I was discriminated against because of my race, sex, and handicap/disability because of the following reasons:

Below are several similar situations where others were permitted entry to the prison site while they performed their duties with aide for their handicap. However, I was removed September 3, and dismissed September 19, from my position, after injuries I sustained on the job, because I needed the aide of a **prescribed walker**.

1. Mr. Amons, a retired **white male** teacher, was pushed daily in a wheelchair, by an inmate M-F for many months, to his classroom in the education department.
2. John Wesley Peavy, a **white male inmate**, working in office of the education department, is allowed to use a walking cane to aide with mobility, because of his handicap.
3. Paul Bohac, Supervisor of Education, a **white male** is allowed to use special equipment, in his office, because of his handicap.
4. I was not reasonably accommodated because of my handicap/disability, after I sustained injuries on the job, I was terminated.

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