

00-4635

FLORIDA COMMISSION ON HUMAN RELATIONS  
325 JOHN KNOX ROAD  
SUITE 240, BUILDING F  
TALLAHASSEE, FLORIDA 32303-4149

RECEIVED  
FLORIDA COMMISSION ON HUMAN RELATIONS  
FILED

<b>PUBLIC ACCOMMODATION CHARGE OF DISCRIMINATION</b>		FCHR No. <u>96-1832-AM</u> 1995 DEC 30 AM 3:05
Name (Indicate Mr., Ms., or Mrs.) <u>Ms. Yvonne GALE NORRIS</u>		Social Security Number / Date of Birth <u>198-40-3327 / 11-8-52</u>
Street Address <u>615 3rd St.</u>		Home Telephone Number (area code) <u>352-330-0101</u>
City, State, and Zip Code <u>Wildwood Fla 32785</u>		Work (if possible to call you there)

List the public lodging and/or public food service facility which discriminated against you.  
Shoney's

Name <u>Shoney's</u>	No. Of Employees <u>2</u>	Telephone No. (area code) <u>352-748-0757</u>
Street Address <u>973 SR 44</u>	City, State, and Zip Code <u>Wildwood Fla 32785</u>	County <u>Sumter</u>

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <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) <u>6/22/96</u>
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):  
 On June 22, 1996 between 8:30 + 9:00 PM my friend Willie Alery and I went to Shoney's for dinner located off Highway 44. We were greeted by a hostess name Melissa Goodwin, she asked that if we wanted smoking or non then I said I would like non smoking, and he would like a booth. So we followed her to our seats. The hostess Melissa Goodwin gave us two menus and said our waitress will be with us shortly and I said thank you. While we were waiting for our waitress I decided to check out the food bar. So then my friend Willie followed me up to the bar. So after I looked at the bar I left my friend up there, and I sat down. Then while I was sitting still waiting on the waitress a white gentleman came up with a plate of food and said name you have my seat and you have to move. So then a waitress name Paula Latride came up and said name you got to move this is his seat I'll have to find you somewhere else to sit. So I tried to tell her the hostess gave us these seats. She was talking very loud were looking at me I felt so ashamed. Then I walked up to the bar where my friend was still up there I told my friend that the waitress said we had to move. So he said oh hell no we ain't goin' Paula the waitress was up there he asked

REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S) TO see manager.

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  
Yvonne Gale Norris

DATE  
12-27-96

NOTARY- (Required for Filing)  
 SUBSCRIBED AND SWORN TO BEFORE ME  
John M. Goodwin  
 My Comm. Exp. 10/2/99  
 Bonded By Service Ins  
 No. CC594165  
 Personally Known    Other I.D.  
 27th OF Dec 1996

FLORIDA COMMISSION ON HUMAN RELATIONS  
 325 JOHN KNOX ROAD  
 SUITE 240, BUILDING F  
 TALLAHASSEE, FLORIDA 32303-4149

FILED

PUBLIC ACCOMMODATION CHARGE OF DISCRIMINATION		FCHR No. 4964-9832	
Name (Indicate Mr., Ms., or Mrs.) Ms. Yvonne Gale Norris		Social Security Number 19844053527	Date of Birth 1-8-52
Street Address 615 3rd St		Home Telephone Number (area code) 352-330-0101	
City, State, and Zip Code Wildwood Fla, 32785		Work (if possible to call you there)	

List the public lodging and/or public food service facility which discriminated against you.

Name Shoney's	No. Of Employees 2	Telephone No. (area code) 352-748-0757
Street Address 973 SR 44	City, State, and Zip Code Wildwood Fla 32785	County Sumter

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 checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	6/22/96

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s): I told him I wanted to leave so I left him up there with the waitress and a manager. So I went up front. And the Hostess Melissa came up to me and asked me had I change my mind about eating, I said no the waitress told us that we had to move, and that it was someone else seat. She said the Hostess that it wasn't anyone else seat there wasn't any napkins or drinks. So I asked could she tell my friend that I was ready to go. So she went back there and stayed a minute or two, and then my friend came. And he was very upset His name was Rick McCullison.

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 Lorim M. Goldsmith
SIGNATURE OF COMPLAINANT Yvonne Gale Norris	LORIM M. GOLDSMITH My Comm. Exp. 10/2/99 Bonded By Service Ins No. CC504453
DATE 12-27-96	27th OF Dec 1996 Known [X] Other I.D. [ ] 1996