

FLORIDA COMMISSION ON HUMAN RELATIONS

02

John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

CHARGE OF DISCRIMINATION

FCHR No. 00

Name (Indicate Mr., Ms., or Mrs.) DR. McHAMMAD SARWAR

00-3911

Social Security Number

312-13-9499

Date of Birth

06-10-1936

Street Address 793 CROWELL ROAD Apt. No. 1
CARBONDALE IL 62901

Home Telephone Number (area code)

(618) 549-6294

City, State, and Zip Code CARBONDALE, IL 62901

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. STATE OF FLORIDA CRIME LAB AT TALLAHASSEE

Name Mr. ISMAIL MAMI

No. of Employees
15+

Telephone No. (area code)
(904) 488-7071

Street Address

2331 PHILPS ROAD

City, State, and Zip Code

TALLAHASSEE FLORIDA

County

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

- RACE COLOR SEX RELIGION HANDICAP
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE

(month, day, year.)
02-15-96

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

I. PERSONAL HARM:

- (i) I travelled all the way from Indianapolis to Tallahassee, took lot of trouble and spent fair amount of money.
(ii) I remained jobless for about more than six months. I was not selected while I was fit for that job.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

They were reluctant to tell the date of interview and procedure for selection. They wanted me to eliminate just on the phone.

III. DISCRIMINATION STATEMENT:

I believe that I was discriminated due to my age because I was over 40 years of age (ADEA) and someone younger with less qualification, experience and contribution in applied scientific literature was selected.

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS
PH 1:44

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

Mami

DATE

1-4-97

NOTARY PUBLIC
SUBSCRIBED AND SWORN TO BEFORE ME

Elizabeth H. Gearhart
Notary Public, State of Florida
My Commission Expires 10/3/1998

4th OF January, 1997