

FLORIDA

COMMISSION ON HUMAN RELATIONS
 25 John Knox Road, Suite 240, Building R
 Tallahassee, Florida 32399-1570

01-2204

FILED
 ADM. DIVISION OF
 HEARINGS
 JUN -5 1997
 10:47

FORM	CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.)		Telephone No. (area code)
Ms. Betty J. Davis		
Street Address		Home
Route 2, Box 309		904-656-2647
City, State, and Zip Code		Work (if possible to call you there)
Tallahassee, FL 32311		

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name	No. of Employees	Telephone No. (area code)
Wal-Mart Stores, Inc.	15+	904-656-2732
Street Address	City, State and Zip Code	County
1212 Capital Circle S.E.	Tallahassee, FL 32301	Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	05/14/97

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

- I. PERSONAL HARM
 On May 14, 1997, I suspended from my position as a Department Manager.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION
 Authorities accused me of stealing from the store.
- III. DISCRIMINATION STATEMENT
 I believe I have been discriminated against because of my race, black. I believe my rights have been violated under Title VII of the Civil Rights Act of 1964 as amended and the Florida Civil Rights Act of 1992 as amended.
 1. Management accused me stealing from Wal-Mart; I maintain my innocence to this moment.
 2. My white counterparts are not suspended without reason; why was I suspended.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S).

RECEIVED
 FLORIDA COMMISSION ON
 HUMAN RELATIONS
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who produced FL Drivers License

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.

Betty J. Davis
 SIGNATURE OF COMPLAINANT

05-19-97
 DATE

NOTARY- (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME

Ronald E. Snell
 MY COMMISSION # CC550131 EXPIRES
 APRIL 24, 2000
 BONDED THROUGH TROY FAIR INSURANCE, INC.

19 / OF May 19 97