

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building 1  
Tallahassee, Florida 32399-1570

00-2309

FILED

RM CHARGE OF DISCRIMINATION FCHR No. 86-1611

Name (Indicate Mr., Ms., or Mrs.) Telephone No. (area code)  
Ms. Tammy M Ford

00 MAY 31 AM 9:00

Street Address Home  
4066 Gillnet Lane

DIVISION OF ADMINISTRATIVE HEARINGS

City, State, and Zip Code Work (if possible to call you there)  
Milton, FL 32583

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)  
Mold-Ex Rubber Co. 15+ 904-626-7211

Street Address City, State and Zip Code County  
8052 Armstrong Rd. Milton, FL 32583 Santa Rosa

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE  
 RACE  COLOR  SEX  RELIGION  HANDICAP  
 NATIONAL ORIGIN  AGE  MARITAL STATUS  RETALIATION (month, day, year) 03/96

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

I. PERSONAL HARM

Beginning in November of 1995 and continuing through March 1996, I was subjected to a sexually hostile environment, which included touching and stroking my body in inappropriate ways by Mr. Walter Tate, my supervisor.

II. RESPONDENT'S REASON FOR ADVERSE ACTION

No reason was given.

III. DISCRIMINATION STATEMENT

I believe I have been discriminated against because of my gender, female. 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.

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

JUN 13 PM 3:13

PATRICIA I. CYR  
Notary Public, State of Florida  
My Comm. Expires Sept 11, 1996  
Commission # CC 494855

State of Florida  
County of Citrus

NOTARY- (Required for Filing) Notary

SUBSCRIBED AND SWORN TO BEFORE ME  
T Marie Ford who produced F.L.A.  
F630-813-S9-744-0 x 2002 as 1,0  
and did not take an oath  
2 OF June 19 97

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 DATE  
D. Marie Ford 6-2-97