

01-2619

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32399-1570

FILED
 01 JUL -3 1997
 DIVISION OF ADMINISTRATIVE HEARINGS
 P.O. BOX 3047

FORM CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.) Ms. Artie Johnson	Telephone No. (area code)
Street Address Route 2, Box 239	Home 904-938-4875
City, State, and Zip Code Jennings, FL 32053	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.

Name PCS Phosphate	No. of Employees 15+	Telephone No. (area code) 904-397-8331
Street Address P.O. Box 300	City, State and Zip Code White Springs, FL 32096	County Hamilton

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" 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	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 08/96
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. PERSONAL HARM

On August 29, 1996, I was terminated from my position as a Payloader Operator.

II. RESPONDENT'S REASON FOR ADVERSE ACTION

Authorities said I received three reprimands about the same thing.

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).

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 1997 JUN 10 PM 10:55

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 1997 JUN 10 PM 12:51

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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICIAL NOTARY SEAL NORMA J COOK NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC52049 MY COMMISSION EXP. JAN. 6, 2006 </div> 2nd OF _____ 1997
SIGNATURE OF COMPLAINANT DATE Artie Johnson 6/2-1997	_____ 1997

Norma J Cook