

FLORIDA COMMISSION ON HUMAN RELATIONS

25 John Knox Road, Suite 240, Building A  
Tallahassee, Florida 32399-1570

01-0766

RM	CHARGE OF DISCRIMINATION	FCHR No. <b>FILED</b> 97-J146
Name (Indicate Mr., Ms., or Mrs.) Ms. Debra Jefferson		Home phone No. (area code) <b>01 FEB 23 AM 11:59</b>
Street Address 833 Delaware St.		DIVISION OF HUMAN RESOURCES ADMINISTRATIVE HEARINGS 324-8972
City, State, and Zip Code Tallahassee, FL 32304		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 La Petite Academy Child Care	No. of Employees 15+	Telephone No. (area code) 850-656-2384
Street Address 3666 Weems Road	City, State and Zip Code Tallahassee, FL 32311	County Leon

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 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	03/97

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

- I. PERSONAL HARM  
On or about March of 1997, I was terminated from my position as a Teacher's Aide.
- 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 (pregnancy). 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).

1997 JUL 15 11:30  
 RECORDED  
 FLORIDA COMMISSION ON HUMAN RELATIONS



Angel L. Diaz  
MY COMMISSION # CC550123 EXPIRES  
April 24, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.

File Lic # 2162-161-58-507-9

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
SIGNATURE OF COMPLAINANT <i>Debra Jefferson</i>	DATE 7-15-97
SIGNATURE OF NOTARY <i>Angel L. Diaz</i>	DATE 15 OF July 19 97