

FLORIDA COMMISSION ON HUMAN RELATIONS

325 W. Knox Road, Suite 240, Building 1

Tallahassee, Florida 32303-4149

00-4167

02

CHARGE OF DISCRIMINATION

FCHR No. 972687

Name (Indicate Mr., Ms., or Mrs.)

Ms. Barbara Ann Lawrence

1997 SEP 11 AM 9:26

Social Security Number

265-33-3704

Date of Birth

3-14-60

Street Address

401 Walli's Street

Home Telephone Number (area code)

(850) 656-6463

City, State, and Zip Code

Tallahassee, Florida 32301

Work (if possible to call you there)

(850) 488-9500

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

Name

Dept. of Education

No. of Employees

15+ hundreds

Telephone No. (area code)

(850) 488-8652

Street Address

325 W. Gaines

City, State, and Zip Code

Tallahassee, Florida 32399-0400 Leon

County

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

RACE  COLOR  SEX  RELIGION  DISABILITY  
 NATIONAL ORIGIN  AGE  MARITAL STATUS  RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE

(month, day, year)

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

The Department My employer putting a lot of pressure on me because they are insisting that I work full time when is ~~forcing~~ insisting me work half-time. I have been dx with Bipolar disorder (mania depression), panic attacks and chronic. The Department insurance pay me disability when I was out for five months. My supervisor writing me a reprimand for every day I leave in time (8-12) they have not given me a reason why I am denied leave without pay. I feel that I been discriminated against because of my race and my disability. They are denying me leave without pay but they allow approve leave without family leave for a while employee for 1 year I have also been denied promotion of my race and illness

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

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

FL DL LR # E120-072-60-574-0

Barbara A. Lawrence 925917

NOTARY (Required for Filing)  
 SUBSCRIBED AND SWORN TO BEFORE ME

*[Signature]*



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

25th OF August, 1997