

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

00-2654
 AMENDED

RM	CHARGE OF DISCRIMINATION FILED	FCHR No.	97-S145
Name (Indicate Mr., Ms., or Mrs.) Mr. Terry B. Hillman		00 JUN 29 AM 8:59	Social Security Number
Street Address 2048 Laurel Lane		Date of Birth 9/6/40	
City, State, and Zip Code N. Ft. Myers, FL 33917		Home Telephone Number (area code) 941-567-0172	Work (if possible to call you there)

DIVISION OF
 ADMINISTRATIVE
 HEARINGS

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

Name Chem Polymer	No. of Employees 15+ 15+	Telephone No. (area code) 941-337-0400
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Street Address 2443 Rockfill Road	City, State, and Zip Code Ft. Myers, FL 33901	County Lee
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 11/18/96
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I. PERSONAL HARM
 On November 18, 1996, I was terminated from my position as a Lab Tech.

II. RESPONDENT'S REASON FOR ADVERSE ACTION
 No reason was given.

III. DISCRIMINATION STATEMENT
 I believe I have been discriminated against because of my Age, for the following reasons:

 I believe I have been discriminated against because of my age, 56. I believe my rights have been violated under the Age Discrimination in Employment Act and the Florida Civil Rights Act of 1992 as amended.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, 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.	NOTARY- (Required for Filing)
	SUBSCRIBED AND SWORN TO BEFORE ME
SIGNATURE OF COMPLAINANT _____ DATE _____	____ OF _____, 19 ____
SIGNATURE ON FILE _____	