

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

01-0697

CHARGE OF DISCRIMINATION

FILED

FCHR No. 97-2756

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

Otis Ware

01 FEB 20 PM 11

Special Security Number

Date of Birth

264-39-9363

15 Oct 57

Street Address

Bx 2155

DIVISION OF ADMINISTRATIVE HEARINGS

Home Telephone Number (area code)

352-463-1381

City, State, and Zip Code

Trenton FL 32693

Work (if possible to call you there)

Fired

List the public lodging and/or public food service facility which discriminated against you.

Name

Lancaster CI

No. Of Employees

Telephone No. (area code)

Street Address

City, State, and Zip Code

Gilchrist 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)

15 Sept 97

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

I. PERSONAL HARM: I worked for Lancaster CI and had my emotional health adversely effected. When I complained I was fired. When I was able to file a claim the information was taken out of context and used to destroy me.

II. RESPONDENT'S REASON FOR PERSONAL HARM: After attempting to file a workman's compensation claim I was fired. No reason was publicly given. A letter was hastily typed up to get rid of me.

III. DISCRIMINATION STATEMENT: I believe I was discriminated because of my race as an Negro who spoke his mind but was not tolerated. My color is Black and Mr Jerry Poe who is grossly incompetent is white he was not fired. Doris Jones was not fired and she has been out for sickness for a greater period than I. Therefore my disability is a basis for discrimination. Lastly vital and confidential medical information used for the claim I was initially denied ability to file was utilized to retaliate against and ultimately to destroy me.

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

CLERK CIRCUIT COURT

GILCHRIST COUNTY, FLORIDA

Joseph Gilliam

By Annie C Heckard, Dep. Clk

16th OF September

19 97

SIGNATURE OF COMPLAINANT

DL W600-640-57-375-0

DATE

[Handwritten signature]

16 Sept 97

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 HUMAN RELATIONS
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