

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

01-2626

AMENDED  
 FILED  
 JUL 97-2160  
 DIVISION OF ADMINISTRATIVE HEARINGS  
 MAR 8:38

JW	CHARGE OF DISCRIMINATION	FCHR No. 01
Name (Indicate Mr., Ms., or Mrs.)	Ms. Anita Bullard	Social Security Number
Street Address	3572 Laramore Rd.	Home Telephone Number (area/code)
City, State, and Zip Code	Marianna, FL 32448	904-526-2900
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		Work (if possible to call you there)

Name	No. of Employees	Telephone No. (area code)
Apalachee Correctional Institution	15+	904-593-6431
Street Address	City, State, and Zip Code	County
P.O. BOX 699	Sneads, FL 32460	Jackson
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION		(month, day, year) 01/03/97

I. PERSONAL HARM  
 I was dismissed without any job offer within the range of my limitations.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
 I had reached my maximum medical improvement and would not be able to perform the duties of the position I was working in at the time.

III. DISCRIMINATION STATEMENT  
 I believe I have been retaliated against because of my handicap, for the following reasons:  
 They did not try and accommodate me in a position that I could function at a normal level.

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

RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS  
 1997 SEP 29 PM 5:50

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
SIGNATURE ON FILE	

Anita Bullard 9/25/97

NOTARY- (Required for Filing)  
 SUBSCRIBED AND SWORN TO BEFORE ME  
 Anita Bullard shopkeeper FL 06a by  
 8463-04-59-6420 exp. 4-29-99

25 OF Sept  
 Maria L. Little  
 Maria L. Little

MARIA L. LITTLE  
 NOTARY  
 My Comm. Expires  
 May 23, 2000  
 No. CC 557018  
 PUBLIC  
 STATE OF FLORIDA

FILED  
01 JUL -5 AM 8:38  
DIVISION OF  
ADMINISTRATIVE  
HEARINGS

TO WHOM IT MAY CONCERN:

I NOTICE ON THE AMENDED CHARGE OF DISCRIMINATION FORM (FCHR #97-2160) THAT I RECEIVED DID NOT HAVE THE CHARGE OF HARASSMENT LISTED. I WOULD LIKE TO ADD THIS CHARGE TO THE LIST.

I HOPE THIS IS ALL THAT IS NEEDED TO ADD THE CHARGE. IF NOT PLEASE DO NOT HESITATE TO CONTACT ME AT (850)526-2970.

THANK YOU

*Anita Bullard*

ANITA BULLARD

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF FLORIDA  
COUNTY OF Jackson

The foregoing instrument was acknowledged before me this 25 day of Sept, 19 97  
by Anita N. Bullard,  who is personally known to me  
 who has produced FDL# 0063-014-59-049-0 exp. 4-29-99 as  
identification, and who did take an oath.

*Marie S. Little*

Notary Signature

Marie L. Little

Notary Name (Typed, Printed or Stamped)

CC557018

Serial Number

