

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS

CHARGE OF DISCRIMINATION		FCHR No. 98-0099 00-4871
Name (Indicate Mr., Ms., or Mrs.) ANTOINETTE R. ALBERT	1997 OCT -2	Home Telephone No. (area code) 904 488-0782
Street Address Po Box 388		Work (if possible to call you there) N/A
City, State, and Zip Code CARRABELLE Florida 32322		

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

Name BRUNO'S FOOD & PHARMACY + CALVIN SENKINS (MARKET MANAGER)	No. of Employees 75 or MORE	Telephone No. (area code) 904 422-2577
Street Address 2123 N.E. CAPITAL Circle	City, State and Zip Code TALLAHASSEE FL. 32308	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 checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	MAY 9, 1997

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

① "Statement of Personal Harm" - July 11, 1997 was my last day of work. First hours were cut in meat market and my hours were the ones they cut, even tho. I was the one with the most time there. The store director (Ron Funderburk) gave me a schedule he knew I could not work. I have worked the same schedule for 3 1/2 years.

② "The Reason" - Hours were cut in meat market and they said they had no hours for a "meat wrapper". Although I think it was because they wanted to get rid of me. Because I tel HRS. Representative with Bruno's about the harassment.

③ I believe I have been discriminated against my age because I am 50 years old, discriminated against because I am a woman not a meat cutter. I believe that there was a "Hostile Work environment" because of continuous harassment directed towards 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.

SIGNATURE OF COMPLAINANT: *Antoinette R. Albert* DATE: 10/1/97

NOTARY - (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME

WILL S. KENDRICK
MY COMMISSION # CG 494416
EXPIRES September 10, 1999
Bonded Thru Notary Public Underwriters

15 OF October 19 97