

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

**FILED**

00 JUN 29 AM 9:06

<b>CHARGE OF DISCRIMINATION</b>		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) Mrs. Christina D. McGill	Social Security Number	Date of Birth 7-11-1954
Street Address 201 Pensacola Bch. Rd. A-15	Home Telephone (area code) 904-934-2733	
City, State, and Zip Code Gulf Breeze FL 32561	Work (if possible to call you there) NOT possible	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you. PEM <sup>616</sup> The Moorings Restaurant		
Name The Moorings Restaurant	No. Of employees 15+ yes	Telephone No. (area code) 904-932-1605
Street Address 655 Pensacola Bch Blvd. Pensacola Bch, FL 32562	City, State, and Zip Code Santa Rosa	County
Cause of Discrimination Based on (check appropriate box(es)) <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		Date Most Recent Or Continuing Discrimination Took Place (month, day, year) 10/11/97
THE PARTICULARS ARE (If additional space is needed, attach extra sheet (s):		
<p><b>I. PERSONAL HARM:</b> I was hired at the Moorings Restaurant in April 97 and was terminated on October 12, 1997</p>		
<p><b>II. RESPONDENT'S REASON FOR PERSONAL HARM:</b> I was terminated because my employer said I threatened people and was insubordinate to her ORDERS</p>		
<p><b>III. DISCRIMINATION STATEMENT:</b> I was discharged and another individual <sup>(male)</sup> was not I was retaliated against because I complained. Not given a job that was available. Others were suspended. Taken advantage of. Not respected, or given personal regard.</p>		
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)
SIGNATURE OF COMPLAINANT Christina D. McGill	DATE 10/12/97	SUBSCRIBED AND SWORN TO BEFORE ME