

FLORIDA

COMMISSION ON HUMAN RELATIONS  
325 John Knox Road, Suite 240, Building  
Tallahassee, Florida 32399-1570

00-2622  
OCT 21

CHARGE OF DISCRIMINATION		FILED HOURS 98-0074
Name (Indicate Mr., Ms., or Mrs.) MAY OLDHAM		00 JUN 28 Telephone No. (area code) 850 477 7699
Street Address 500 SHILOH DRIVE		DIVISION OF ADMINISTRATIVE HEARINGS Same
City, State, and Zip Code PENSACOLA FL. 32503		Work (if possible to call you there)
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		
Name SACRED HEART HOSPITAL	No. of Employees 2500+	Telephone No. (area code) 850 416 7000
Street Address 5157 NORTH 9th AVE	City, State and Zip Code PENSACOLA, FL. 32504	County Escambia
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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) July 28 1997

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

In January 1997, my immediate SUPERVISOR, MS. DEBRA FOSHEE, gave me a schedule and INSTRUCTED ME TO TRANSFER ALL my DUTIES AS A Safety COORDINATOR to a newly hired MALE. This was to be accomplished by May 12 1997. I carried out this ORDER AND CONTINUED TO ASSIST this new MALE EMPLOYEE WITH PROCEDURES/PROCESSES AT SACRED HEART HOSPITAL. MS FOSHEE TOLD ME SHE WANTED ME TO HANDLE ADDITIONAL RISK MANAGEMENT ISSUES AND SUGGESTED I RELOCATE my DESK TO A MORE PRIVATE AREA IN THE DEPT. WHICH I DID. ON JULY 28, 1997, MS FOSHEE TOLD ME my POSITION WAS BEING ELIMINATED IN 30 DAYS. Please NOTE I AM A CERTIFIED Risk Manager.

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 May Oldham		SUBSCRIBED AND SWORN TO BEFORE ME CHERYL ANN MIMMS COMMISSION # CC 402440 EXPIRES AUG 23, 1998 BONDED THRU ATLANTIC BONDING CO., INC.
DATE 10/21/97	22nd OF October 19 97	