

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act ( 974; See Privacy Act Statement before completing this form.

FEPA  
 EOC

02-3468

Florida Comm. on Human Relations and EEOC  
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Ms. Patricia M. Miller HOME TELEPHONE (Include Area Code) (352) 821-0163

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH  
14700 S E Hwy 42, Weirsdale, FL 32195 07/31/48

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME NUMBER OF EMPLOYEES/MEMBERS TELEPHONE (Include Area Code)  
Leesburg Regional Medical Center Cat D (501 +) (352) 323-5762

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY  
600 E Dixie Av, Leesburg, FL 34748 069

NAME TELEPHONE NUMBER (Include Area Code)  
STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))  
 RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  
 RETALIATION  AGE  DISABILITY  OTHER (Specify)  
DATE DISCRIMINATION TOOK PLACE  
EARLIEST LATEST  
01/13/97 10/03/97  
 CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):  
I am a qualified individual with a disability. I was discharged from my full time position as Medical Records Clerk on January 13, 1997 and rehired on January 16, 1997 as a part-time employee with benefits. I was harassed by having my shift changed several times with little or no advance notice. I protested and was again discharged on October 3, 1997. The official reason given me was insubordination.  
  
I believe I was discharged because of my disability in violation of the Americans with Disabilities Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

Patricia M. Miller

Date 12/23/97

Charging Party (Signature)

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)