

FLORIDA COMMISSION ON HUMAN RELATIONS

5 John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

981257

01-0456

Williams

CHARGE OF DISCRIMINATION		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) ROBERT KARL SMITH		Social Security Number 265 51 4253
Street Address 4895 33rd AVENUE		Home Telephone Number (area code) (561) 562-6720
City, State, and Zip Code VERO BEACH FL 32967		Work (if possible to call you there) (561) 562-9568 MSG.

FILED
 MAR 10 1998
 CIVIL RIGHTS DIVISION
 U.S. DEPARTMENT OF JUSTICE

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

Name CITY OF VERO BEACH	No. of Employees 15+ 680	Telephone No. (area code) (561) 978-4900
Street Address 1053 20TH PLACE	City, State, and Zip Code VERO BEACH FL 32960	County INDIAN RIVER

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	4/15/97

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

I. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY RACE. BECAUSE OF THE FOLLOWING REASONS.

1. WHEN I INQUIRED ABOUT APPLYING FOR THE POSITION OF CRIME SCENE TECHNICIAN, I WAS INFORMED THAT I WOULD HAVE TO HAD TAKEN COURSE'S IN FINGER PRINTING OFFERED BY THE FBI. THIS REQUIREMENT ISN'T ON THE JOB POSTING AND OTHER WHITE APPLICANTS HAVE BEEN HIRED WITHOUT THIS REQUIREMENT. I HAVE CRIME SCENE PROCESSING AND LATENT FINGER PRINTING TECHNIQUES, FROM THE INDIAN RIVER COMMUNITY COLLEGE

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

1998 MAR 11 AM 11:11
 CIVIL RIGHTS DIVISION
 U.S. DEPARTMENT OF JUSTICE

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 Robert Karl Smith	DATE 3/2/98
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NOTARY- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME
David D. Baiter MY COMMISSION # CC662061 EXPIRES July 3, 2001 BONDED THRU TROY FAIN INSURANCE, INC.
3rd of March 1998 David D. Baiter