

FLO. COMMISSION ON HUMAN RIGHTS
 325 John Knox Road, Suite 240, Building
 Tallahassee, Florida 32303-4149

01-2817

CHARGE OF DISCRIMINATION		FCHR No. 98-0922
Name (Indicate Mr., Ms., or Mrs.) Ms. Maria D. Lugo Vazquez		Social Security Number _____ Date of Birth 01/12/61
Street Address 2930 Sorf Dr.		Home Telephone Number (area code) 904-532-8483
City, State, and Zip Code Deltona, Fl. 32738		Work (if possible to call you there)

FILED
 JUL 13 1998
 ADMINISTRATIVE
 HEARINGS
 4th FLOOR
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List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name Invacare	No. of Employees 15+	Telephone No. (area code) 407-321-3715
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Street Address 2101 E. Lake Mary Blvd.	City, State, and Zip Code Sanford, Fl. 32773	County Volusia
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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"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 11/18/97
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:
 I have been sexually harassed at my place of employment.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 I was not given a reason for the action that was taken against me.

III. DISCRIMINATION STATEMENT:
 I feel that I have been retaliated against by my employer for reporting being sexually harassed by a co-worker. I believe I have been discriminated against because of my sex, in violation of the Florida Civil Rights Act of 1992 and Title VII of the U.S. Civil Rights Act of 1964.

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

RECEIVED
 LANDA COLLECTION
 1998 APR 27 PM 5:02

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 <i>Maria Vazquez</i>	DATE 4-23-1998
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NOTARY- (Required for Filing)
 SUBSCRIBED AND SWORN TO BEFORE ME

JACQUELINE KIRSCHNER
 MY COMMISSION # CC 622935
 EXPIRES: February 18, 2001
 Bonded Thru Notary Public Underwriters

23rd OF April, 1998