

INTAKE QUESTIONNAIRE  
COMMISSION ON HUMAN RELATIONS

FCHR USE  
Intake Counselor: --

(Please Type or Print)

Today's Date: 5-28-98

00-39109

NAME: JOHN E. FERRIGNO  
(First) (Middle Name or Initial) (Last)

SOCIAL SECURITY NUMBER: 261 80 7110 DATE OF BIRTH: 3 MAY 45

ADDRESS: 925 E. MAGNOLIA, APT Q-1

CITY: TALLAHASSEE STATE: FL ZIP: 32301

COUNTY YOU LIVE IN: LEON COUNTY YOU WORKED IN: LEON

HOME TELEPHONE NO.: 850 877 2079 WORK PHONE NO.: WAS (850) 488 6500

PLEASE PROVIDE THE NAME OF AN INDIVIDUAL AT A DIFFERENT ADDRESS WHO IS IN THE LOCAL AREA AND WHO WOULD KNOW HOW TO REACH YOU:

NAME: AN ALLEN BRINDLEY PHONE NO.: 850 877 5241

Have you sought assistance, or filed a complaint, about the action you believe to have been discriminatory? If so, with which agency of government, your union, an attorney, or from any other source? If yes, please complete below.

Name of Source of Assistance: LYNN BAKER (IMMEDIATE SUPERVISOR)

When did you seek assistance (date): 3-5-98 Results, if any: HARASSMENT CEASED, BUT 2 MONTHS LATER I WAS TERMINATED

Have you previously filed a complaint/charge of discrimination with FCHR, EEOC, or any other agency?

No  Yes (If yes, please complete below)

Approximate date filed: \_\_\_\_\_ Who was the Respondent/Employer: \_\_\_\_\_

Complaint/Charge Number, if known: \_\_\_\_\_

Do you believe that you were discriminated against based upon one of the following? Check only the basis that applies to you.

Race [ ] Color [ ] Religion [ ] National Origin [ ] Age [ ]  
Sex [  ] Retaliation [  ] Familial Status [ ] Marital Status [ ] Disability/Handicap [ ]

Please indicate the following as relevant to your particular complaint:

Your sex (if complaint is based on sex): Male [  ] Female [ ]

Your race (if complaint is based on race): Black [ ] White [ ] Hispanic [ ]  
American Indian [ ] Asian/Pacific Islander [ ] Alaskan National [ ]

Your national origin (if complaint is based on national origin): \_\_\_\_\_

Your religion (if complaint is based on religion): \_\_\_\_\_

Your handicap/disability (if complaint is based on disability): \_\_\_\_\_

Your marital status (if complaint is based on marital status): Married [ ] Single [ ] Widowed [ ] Divorced [ ]

What was the most recent date that you were allegedly discriminated against? 5-28-98

THE FEDERAL COMMUNICATIONS COMMISSION, Equal Employment Opportunity Commission, Government Agency, or other Respondent. Please provide the name, address and telephone number of the Employer which you are alleging discriminated against you. If you are filing a housing or public accommodation complaint, please provide the name of the apartment complex, condominium association or development, or so forth, as appropriate:

Name: DEVELOPMENTAL SERVICES  
(Company, business, corporation, union, employment agency, government agency, etc.)

Personnel Officer or other contact person: ANGEL TREJO

Address: 2303 PHILLIPS RD, SUITE 100  
TALLAHASSEE, FL 32308  
(City, State, Zip Code)

Phone Number: PSD 4866500

Please indicate the approximate number of persons employed by the Employer which you are alleging discriminated against you. If this is a housing case, please give the approximate number of units, houses, etc.; in the development, etc.

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Are you now employed by the Employer that you believe discriminated against you?

YES: Since: \_\_\_\_\_ Current Position: \_\_\_\_\_  
Date of Initial Employment

If NO, please complete:

I applied for the position of: \_\_\_\_\_ on \_\_\_\_\_  
(Job Title) (Date you applied)

I was employed as: COUNSELOR III until 18 MAY 98 when I was laid off [ fired] [ other] []  
(Job Title) (Date)

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused you or others in the work situation as a result of that action? For example, were you discharged, denied a promotion, not hired, etc. (If housing: were you refused opportunity to rent or buy, evicted, etc.? If public accommodation, were you denied service, etc.?)

I FILED A HARASSMENT CLAIM WITH THE BUILDING SUPERVISOR. TWO MONTHS LATER I WAS NOT REHIRED

What reasons, if any, were given you for the action taken against you?

SEVERAL REPORTS WERE LATE, HOWEVER I CARRIED ALMOST A FULL CASE LOAD BUT WAS NOT ALLOWED TO WORK PAST 20 HRS. ALSO I WAS TRYING TO AVOID PAT THOMAS.

Why do you believe that your race, color, sex, religion, national origin, age, handicap (disability), marital status, familial status, retaliation, determined the action that was taken against you?

PAT THOMAS' HUSBAND IS THE HEAD OF CHILDREN AND FAMILIES DISTRICT II STATE OF FLA. THEREFORE SHE HAS POLITICAL POWER AND I DO NOT, THEREFORE, HARASSMENT CHARGES WERE HUSHED UP AND I WAS CONVENIENTLY TERMINATE MENTAL HEALTH SECTION

... these evidence which would support your claim that the action taken against you was because of your race, color, sex, religion, national origin, age, handicap (disability), marital status, familial status, or in retaliation for having engaged in protected activity? (An example of direct activity would be a company memo in which it is stated that the company wants to get rid of older workers).

I do have direct evidence, as described below:

I do not have direct evidence.

Do you know of anyone who was treated differently from you, under similar circumstances? If so, please identify such person or persons by name and job title (if employment case). Also, please identify the person's classification as related to the basis, or reason, for filing the complaint. (For example: If you are filing a race complaint, identify the race of the comparative person.) Please briefly explain what act(s) comparative person committed, and how that person was treated differently than you.

Please provide the names, addresses, and telephone numbers (if known), of any relevant witnesses:

THERESA SKIPPER  
ARLENE WALKER  
JOANNE BRAUN  
4886580  
ALL OF THE ABOVE ARE WHITE FEMALES

I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT.

COMPLAINANT'S SIGNATURE  
John E. Terreno

DATE 5.22.98

FOR FCHR INTAKE USE ONLY:

INTAKE NOTES: