

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

00-4632

FILED

FCHR No. 98-1821  
 NOV 14 AM 9:05  
 Telephone No. (area code)  
 DIVISION OF  
 ADMINISTRATIVE  
 HEARINGS  
 Home (904) 826-1656

CHARGE OF DISCRIMINATION

Name (Indicate Mr., Ms., or Mrs.)  
 Mr. Frederick Gilliam Sr.

Street Address  
 241 Duval Street

City, State, and Zip Code  
 St. Augustine, Florida 32095

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 Tree of Life	No. of Employees 84	Telephone No. (area code) (904) 824-8181
----------------------	------------------------	---

Street Address 1750 Dobbs Road	City, State and Zip Code St. Augustine, Florida 32084	County St. Johns
-----------------------------------	--	---------------------

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" 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) 01/12/98
--	---

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

- I. PERSONAL HARM:  
 On January 12, 1998, I was terminated from my position as a Freezer Puller.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION:  
 Management stated they did not have enough medical information.
- III. DISCRIMINATION STATEMENT:  
 I believe I have been discriminated against because of my handicap. I believe my rights have been violated under the Americans with Disabilities Act and the Florida Civil Rights Act of 1992 as amended.

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

1998 JUN 17 AM 11:35

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: *Frederick Gilliam*  
 DATE: 6-12-98

NOTARY-- (Required for Filing)  
 SUBSCRIBED AND SWORN TO BEFORE ME  
*Patricia Ann Reames*  
 PATRICIA ANN REAMES  
 Notary Public, State of Florida  
 My comm. expires Sept. 24, 2000  
 Comm. No. CC576078

12 OF June 19 98

10:24:00 FILED  
TO: Sharon Nowak  
CO NOV 14 AM 9:06

DIVISION OF  
ADMINISTRATIVE  
HEARINGS

**FACSIMILE TRANSMITTAL COVER SHEET**

DATE: OCTOBER 24, 2000 TIME SENT: 9:15 AM

Please deliver the following pages to:

NAME: BAIRD DENCE

FROM: FREDERICK GILLIAM SR.

SUBJECT: PETITION FOR RELIEF

FAX TO: ( 850 ) 922-3026

NUMBER OF PAGES TRANSMITTED (INCLUDING THIS SHEET) 4

IF YOU HAVE ANY QUESTIONS OR YOU DO NOT RECEIVE ALL PAGES,  
PLEASE CALL BACK AS SOON AS POSSIBLE (904) 826-1656

COMMENTS: THE ORIGINALS WENT OUT IN THE MAIL TODAY

OCTOBER 24, 2000. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME

AT WORK FROM 9:00 AM UNTIL 5:00 PM AT (904) 823-0229, OR AT HOME

BEFORE 7:30 AM AND AFTER 6:30 PM AT (904) 826-1656.

THANKS FREDERICK GILLIAM SR.