

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

00 OCT 02  
**FILED**  
 98-2099-9  
 ADMINISTRATIVE HEARINGS  
 JUN 29 8:53 AM '98

<b>CHARGE OF DISCRIMINATION</b>	<b>FCHR No.</b> 98-2099-9
<b>Name (Indicate Mr., Ms., or Mrs.)</b> Mr. James C, Hollingsworth, Jr.	<b>Telephone No. (area code)</b>
<b>Street Address</b> 1321 NW 170th Terrace	<b>Home</b> (305) 625-4620
<b>City, State, and Zip Code</b> Miami, Florida 33169	<b>Work (if possible to call you there)</b> 305 625-4620

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

<b>Name</b> Federal Reserve Bank	<b>No. of Employees</b> 15+	<b>Telephone No. (area code)</b> (305) 591-2065
<b>Street Address</b> 9100 NW 36th Street	<b>City, State and Zip Code</b> Miami, Florida 33178	<b>County</b> Dade

<b>CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))</b> <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	<b>DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)</b> 07/01/97
---	--

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

I. PERSONAL HARM:  
On July 01, 1997 I was terminated from my position as a Lead.

II. RESPONDENT'S REASON FOR ADVERSE ACTION:  
No reason was given.

III. DISCRIMINATION STATEMENT:  
I believe I have been discriminated against because of my race, black. I believe my rights have been violated under 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 29 AM 10:53  
 THE OFFICE OF  
 FLORIDA COMMISSION ON  
 HUMAN RELATIONS  
 TALLAHASSEE, FLORIDA

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.	NOTARY - (Required for Filing) SUBSCRIBED AND SEALS		
<b>SIGNATURE OF COMPLAINANT</b> <i>James C. Hollingsworth</i>	<b>DATE</b> 6-24-98		
<table border="1"> <tr> <td align="center"> <b>NOTARY SEAL</b>                  ABRAHAM DARWISH                  NOTARY PUBLIC STATE OF FLORIDA                  COMMISSION NO. CC727964                  MY COMMISSION EXP. MAR. 25, 2002             </td> <td>                 25 OF June 19 98             </td> </tr> </table>		<b>NOTARY SEAL</b> ABRAHAM DARWISH NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC727964 MY COMMISSION EXP. MAR. 25, 2002	25 OF June 19 98
<b>NOTARY SEAL</b> ABRAHAM DARWISH NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC727964 MY COMMISSION EXP. MAR. 25, 2002	25 OF June 19 98		