

FLORIDA COMMISSION ON HUMAN RELATIONS

25 John Knox Road, Suite 240, Building F
Tallahassee, Florida 32399-1570

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS
01-4935
98-2883

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| CHARGE OF DISCRIMINATION | |
| Name (Indicate Mr., Ms., or Mrs.) Ms. Jonitha D. Mitchell | Telephone No. (area code) 98 AUG 13 PM 2:01 |
| Street Address P.O. Box 1109 | Home Telephone No. (area code) DEC 27 PM 2:35 DIVISION OF ADMINISTRATIVE SERVICES |
| City, State, and Zip Code Madison, Florida 32341 | 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.

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| Name Native Coast Regional Surgery Center | No. of Employees 15+ | Telephone No. (area code) (850) 584-2778 |
| Street Address 555 North Byron Butler Parkway | City, State and Zip Code Perry, Florida 32347 | County Taylor |

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| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <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 | DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 08/01/98 |
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. PERSONAL HARM:
On August 01, 1998, I was terminated from my position as a Medical Receptionist.

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 Title VII of the Civil Rights Act of 1964 as amended and the Florida Civil Rights Act of 1992 as amended.

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

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| 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 SWORN TO BEFORE ME ASA M. SCHAEFER Notary Public, State of Florida My comm. expires Dec. 9, 2000 Comm. No. CC 606556 |
| | 12th OF August 1998 |
| SIGNATURE OF COMPLAINANT <i>Jonitha D. Mitchell</i> | DATE |