

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

03
 FEB 11 1999
 11:50 AM
 RECEIVED
 HR

CHARGE OF DISCRIMINATION	FCHR No. 99-1799
Name (Indicate Mr., Ms., or Mrs.) MS. Mary Hines 03-0432	Telephone No. (area code) 850-875-2586
Street Address P.O. Box 975	Home
City, State, and Zip Code Havana, Fl.	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 Roosevelt Council Tall. Dev. Ctr.	No. of Employees 125	Telephone No. (area code) 850-627-4551
Street Address 455 Appyard Dr Tall. Fl.	City, State and Zip Code	County Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" 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	10-9-98

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

I. For several years, I had worked for the above-named employer as a housekeeper at the Tallahassee Developmental Center.

II. One of my co-workers, Roosevelt Council (B/M), sexually assaulted me in 1997 and I complained to my supervisors about his misconduct (grabbing my breast).

III. The supervisors did not discipline Mr. Council other than to instruct him to stay away from me. Not long after Mr. Council received these instructions he began to come into areas where I was working. In spite of my supervisor's knowledge of Mr. Council's disregard for those instructions, nothing was ever done to keep him away from me.

IV. I never complained to the authorities about Mr. Council's misconduct because one of my supervisors threatened to cause me to lose my job if I complained further about the matter.

V. On October 9, 1998, approximately one (1) year following the 1997 incident, Mr. Council once again assaulted me by reaching into my clothes and grabbing my right breast.

VI. After this last assault, I attempted to report to work after being out

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the process of my charge in accordance with their procedures.	NOTARY - (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME Gertrude L. Betsley Gertrude L. Betsley Gertrude L. Betsley MY COMMISSION # 0572538 EXPIRES September 7, 2000 BONDED THRU TROY FAIR INSURANCE, INC. 1998
SIGNATURE OF COMPLAINANT Mary Hines FL DL # HS20-592-66-634-0	15 OF October 1998

Gertrude L. Betsley
 MY COMMISSION EXPIRES SEPTEMBER 7, 2000
 #CG 572538
 Bonded thru Troy Fair Insurance
 PUBLIC, STATE OF FLORIDA

on sick leave, but was told that I had been terminated.

II. I believe that I was terminated, and the victim of sexual assault due to the misconduct and retaliation of my employer, all of which is a violation of Title VII of the 1964 Civil Rights Act, as amended, as well as certain other state and federal laws.

Mary d. Gines
(Signature) FL.DL.# HS20-592-66-634-0

Sworn to and subscribed before me this

15 day of October, 1998.

Gertrude L. Betsey
Notary Public
State of Florida at Large

My Commission Expires

Gertrude L. Betsey
MY COMMISSION # CC572538 EXPIRES
September 7, 2000
BONDED BY THE FAIR INSURANCE, INC.

