

02-1412

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

*1-1-1*

CHARGE OF DISCRIMINATION Division of Administrative Hearings		FCHR No. 99-0439
Name (Indicate Mr., Ms., or Mrs.) MR. ALFRED B. HAINES	<b>FILED</b>	Telephone No. (area code) 813
Street Address 10609 CARROLLBROOK WAY		Home 932-5601
City, State, and Zip Code TAMPA / FL 33618-4131	Date <u>April 9, 2002</u>	Work (if possible to call you there) NA

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

Name TAMPA POLICE DEPT	No. of Employees 1000	Telephone No. (area code)
Street Address 1702 N. TAMPA ST.	City, State and Zip Code TAMPA / FL 33602	County HILLSBOROUGH

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 type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 12/21/97
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

*I was discriminated against by members of the Tampa Police Dept. during my field training period with the department from approx 8/24/97- 12/21/97. Various supervisors and other training officers made remarks to me concerning my age. I was forced to resign effective 12/21/97.*

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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.

SIGNATURE OF COMPLAINANT: *Alfred B. Haines*      DATE: *10/30/98*

NOTARY- (Required for Filing)  
SUBSCRIBED AND SWORN TO BEFORE ME

*C. F. McManus*  
C. F. McMANUS  
Notary Public - State of Florida  
COMMISSION # CC 667987  
EXPIRES AUG 9, 2001

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