

**FLORIDA COMMISSION ON HUMAN RELATIONS**  
 325 John Knox Road, Suite 240, Building F  
 Tallahassee, Florida 32303-4149

02-1438

<b>CHARGE OF DISCRIMINATION</b>		FCHR No. 982388 Amended	
Name (Indicate Mr., Ms., or Mrs.) Alice Roche		Social Security Number 161-36-5926	Date of Birth 10-14-37
Street Address 175 North Oakmont Drive		Home Telephone Number (area code) 305 829-5785	
City, State, and Zip Code Miami, Florida 33015		Work (if possible to call you there)	

Division of Administrative Hearings  
**FILED**  
 Date 4-10-02

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		
Name C Penny Co.	No. of Employees 15+	Telephone No. (area code) 305 937-0022

Street Address 9525 Biscayne Boulevard	City, State, and Zip Code North Miami Beach, Florida 33180	County Dade
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	(month, day, year) 8-8-97

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

I was employed by respondent as a sales associate from 11-94 to 8-8-97 when I was denied a promotion because of my disability. I was absent from work with my physician's approval until 9-25-96. I requested a transfer which was a promotion. I was not given the transfer.


I was informed I was not given the transfer and promotion because of an on the job injury. This was stated By the department manager.

I believe I was discriminated against because of my disability for the following reason(s):

I had been absent from work because of an on the job injury and my employer perceived me to be disabled and not capable of performing my assigned duties. I was told I could not be used even though my physician had released to return to work.

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 HUMAN RELATIONS  
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I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

If 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)	
NATURE OF COMPLAINANT <i>Alice Roche</i>		SUBSCRIBED AND SWORN TO BEFORE ME	
DATE <i>11/4/98</i>			
		4 OF NOVEMBER, 19 98	