

FLORIDA COMMISSION ON HUMAN RELATIONS

25 John Knox Road, Suite 240, Bldg F

Tallahassee, Florida 32303-4177

02-287

<b>CHARGE OF DISCRIMINATION</b>		FCHR No.98-3306	
Name (Indicate Mr., Ms., or Mrs.) Ms. Audrey Randolph		Social Security Number 267-84-1114	Date of Birth 9-8-49
Street Address 4655 Autumn Woods Way		Home Telephone Number (area code) 850-562-4369	
City, State, and Zip Code Tallahassee, FL 32303-6719		Work (if possible to call you there)	

01 DEC 13 AM  
DIVISION OF ADMINISTRATIVE HEARINGS

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

Name The Clerk's Office of the Florida Division of Administrative Hearings	No. of Employees 15+	Telephone No. (area code) 850-488-9675
---	-------------------------	---

Street Address 1230 Apalachee Parkway	City, State, and Zip Code Tallahassee, FL 32399-3060	County Leon
--	---	----------------

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)]	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 09/30/97
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input checked="" type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	

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

**Personal Harm**  
I was employed by The State of Florida Division of Administrative Hearings (DOAH) Clerk's Office as the proofreader (initially as an OPS personnel) then as the senior proofreader (as a career service personnel) from June 2, 1997, to September 30, 1997, when I was terminated via constructive and wrongful discriminatory termination and replaced by a Caucasian employee who scored less than me on the employment test. (I was told by Ann Cole that I scored the highest and in my written test used every punctuation mark there is and used each correctly.)

**Respondent's Reason for Personal Harm**  
I was informed by my immediate supervisor Ann Cole with her appointed assistant Deanna Hartford, personally, that I was being terminated immediately ("to pack a box and go") because I allegedly (1) was tardy to work; (2) showed no initiative; and (3) used the telephone. I was terminated at the end of the third month of a six-month career service probationary period.

**Discrimination Statement**  
I believe I was discriminated against because of marital status (divorced); race (African-American); religion (Protestant/Charismatic); retaliation for association with another employee (my neighbor who has an AFSCME discrimination case in process against DOAH); and because of disability/handicap (a perceived immune system disorder; I limped and had a severe leg rash, requiring biopsy and gauze covering)—all of these reasons are violations of the American with Disabilities Act, ADEA; Florida Statute 760.10; and Title VII of the Federal Civil Rights Act of 1992 as amended for these reasons:  
(CONTINUED)

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

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 <i>A. Randolph</i>	DATE 11/18/98
--	------------------

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

*Robert E. Moultrie, II*  
Robert E. Moultrie, II  
MY COMMISSION # CC743409 EXPIRES  
May 17, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

18 OF November 19 98

98 NOV 18 PM 4:09  
FLORIDA DIVISION OF ADMINISTRATIVE HEARINGS

DL# R534-000-49-828-0