

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

01-3353

CHARGE OF DISCRIMINATION	FCHR No.98-3258
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Name (Indicate Mr., Ms., or Mrs.) Ms. Mary Jane Hall	01 AUG 24 AM 8:48	Social Security Number 266-83-1849	Date of Birth 6-19-60
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Street Address 1821 Ernest Street	Home Telephone Number (area code) (407) 846-3630
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City, State, and Zip Code Kissimmee, FL 34741	Work (if possible to call you there)
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List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name Sunshine Cleaning Systems, Inc.	No. of Employees 15+	Telephone No. (area code) 407-294-7222
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Street Address 2500 Silver Star Road	City, State, and Zip Code Orlando, FL 32804	County Orange
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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"/> DISABILITY <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)08/06/98
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:

On August 06, 1998, I was terminated from my position as a Restroom Cleaner.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

Management stated I started rumors about other employees.

III. DISCRIMINATION STATEMENT:

I believe I have been discriminated against because of my race, white. 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.

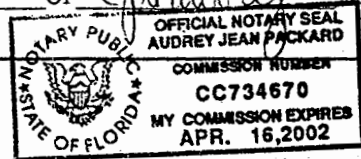
1. A meeting was held with spanish speaking co-workers only and as a result of the meeting I was terminated.

59 JAN 28 PM 11:39
apm

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.	NOTARY- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME
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SIGNATURE OF COMPLAINANT <i>Mary Jane Hall</i>	DATE 1-25-99	<p align="center"><i>Audrey J. Packard</i> 25TH OF January 19 99</p>
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FLORIDA COMMISSION ON HUMAN RELATIONS
 501 John Knox Road, Suite 240, Building
 Tallahassee, Florida 32399-1570

FILED

CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.) <i>Ms. Mary Jane Hall</i>	Telephone No. (area code) <i>813-46-3630</i>
Street Address <i>1821 Ernest st.</i>	Home <i>(407) 846-3630</i>
City, State, and Zip Code <i>Kissimmee, FL 34741</i>	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 <i>Sunshine Cleaning Systems</i>	No. of Employees <i>30 +</i>	Telephone No. (area code) <i>(407) 294-7222</i>
Street Address <i>2500 Silver Star Rd.</i>	City, State and Zip Code <i>Orlando, FL</i>	County <i>Orange</i>

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 checked="" 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) <i>8-6-98</i>
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

On 8-3-98 my manager had a meeting with just the Spanish people. after the meeting he found a note on his desk stating that I had started a rumor about him and his supervisor. This resulted in me getting fired on 8-6-98. I told him that I had heard a girl who is 1/2 puerto-Rican say the things he had accused me of and I thought she should be terminated also, but she was not. By Carlos having a meeting with the Spanish speaking people only, I feel that I was discriminated against.

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.

Audrey J. Packard

NOTARY (Required for Filing)
 SUBSCRIBED AND SWORN TO before me on this 1st day of September 1998
 AUDREY JEAN PACKARD
 COMMISSION NUMBER
 CC734670
 MY COMMISSION EXPIRES
 APR. 16, 2002

1st OF September 1998

SIGNATURE OF COMPLAINANT
Mary J. Hall

DATE