

02-237

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY	CHARGE NUMBER
<input type="checkbox"/> EPA	
<input checked="" type="checkbox"/> EEOC	

Florida Comm. on Human Relations and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)	HOME TELEPHONE (Include Area Code)
Mr. Manuel Pedraza	(407) 264-6000
STREET ADDRESS	CITY, STATE AND ZIP CODE
7504 GOREN BLVD. DR. 12228	FL 32752
STREET ADDRESS	CITY, STATE AND ZIP CODE
400 Julia Street, Titusville, FL 32796	

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME	NUMBER OF EMPLOYEES, MEMBERS	TELEPHONE (Include Area Code)
United Space Alliance	Cat B (101-200)	(407) 861-5764
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY
8550 Astronaut Boulevard, Cape Canaveral, FL 32920		009

NAME	TELEPHONE NUMBER (Include Area Code)
STREET ADDRESS	CITY, STATE AND ZIP CODE
	COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE DISCRIMINATION TOOK PLACE
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)	EARLIEST LATEST 03/15/1998 04/07/1998 <input checked="" type="checkbox"/> CONTINUING ACTION

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

1. I am an Hispanic male. I was terminated on ^{March 26,} April 7, 1998, because of my disabilities, age and national origin.

2. During my employment, I was told by my manager, Kendrick Black, that I needed to retire because of my age and disabilities. He made these remarks in front of a supervisor. Cindy Ward, lead on second shift, harassed me by mocking my accent over the telephone.

I believe the Respondent also terminated my employment because I complained about discrimination at the Respondent's facility.

3. The Respondent discriminated against me in violation of Title VII of the 1964 Civil Rights Act, the Age Discrimination in Employment Act, and Title I of the Americans with Disabilities Act.

FILED
 JAN 14 AM '99
 DIVISION OF
 ADMINISTRATIVE
 HEARINGS

OFFICIAL NOTARY SEAL
 MIRIAM BAZ
 NOTARY PUBLIC STATE OF FLORIDA
 COMMISSION NO. CC66612
 EXPIRES 03/31/2001

<input checked="" type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - (When necessary for signature) M. B. / 3/25/99
I declare under penalty of perjury that the foregoing is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
3/25/99 <i>Manuel Pedraza</i> Complaining Party (Signature)	SIGNATURE OF COMPLAINANT <i>Manuel Pedraza</i>
	SUBSCRIBED AND SHOWN TO BEFORE ME THIS DATE (Day, month, and year) 25th of March 1999