

FLORIDA COMMISSION ON HUMAN RELATIONS

32 John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

01-4660

FILED

01 DEC -5 AM 9:38

DIVISION OF ADMINISTRATIVE HEARINGS

CHARGE OF DISCRIMINATION

FCHR No. 98-2894 Amended

Name (Indicate Mr., Ms., or Mrs.)
Mr. Francis Parmar

Social Security Number
335-62-0677

Date of Birth
9-1-52

Street Address
Post Office Box 11302

Home Telephone Number (area code)
850 656-4262

City, State, and Zip Code
Tallahassee, Florida 32302

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 State of Florida
Game and Fresh Water Fish Commission

No. of Employees
Over 15

Telephone No. (area code)
850 488-6411

Street Address
620 South Meridian Street

City, State, and Zip Code
Tallahassee, Florida 32399-1600

County
Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))
 RACE COLOR SEX RELIGION DISABILITY
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 9-19-98

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

Personal Harm: I applied for a position as a senior clerk. I was not called for an interview. I later found out that another individual whom was less qualified than I was hired for the position I applied for.

Respondent's Reason for Personal Harm: When I inquired as to why I was not hired I was not given a reason. One of the supervisors/administrators simply said I should go back to my country of origin.

Discrimination Statement: I believe I have been discriminated against because of my Age, which is a violation of the Federal Civil Rights Act of 1992, as amended, the ADEA and Florida Statutes 760.10 for the following reason(s):

I applied for a position I was very well qualified for. I was never called for an interview, later I did find out that a younger, less qualified person was hired for the position. I did speak to one of the supervisors, requested information in regard to the hiring and was denied. When speaking to the supervisor, I was harassed, intimidated and embarrassed when the supervisor stated that I should return to my country of origin.

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

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS
99 MAY 10 AM 9:30

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.

Under penalties of perjury, I declare that I have read the foregoing charge of discrimination and that the facts stated in it are true.

SIGNATURE OF COMPLAINANT

DATE

Francis Parmar

MAY OF 10, 1999