

00-3849

# CHARGE OF DISCRIMINATION

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

AGENCY

CHARGE NUMBER

1999 NOV SEP 14 3:14

FLORIDA COMMISSION on HUMAN RELATIONS

and EEOC

NAME (Indicate Mr. Ms.. Mrs.)

HOME TELEPHONE (Include Area Code)

941/676-5043

STREET ADDRESS

CITY, STATE & ZIP CODE

Date of Birth

2541 Fast Trot Trail Lake Wales, Florida 33853

12/16/44

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 State of Florida, Polk County Health Dept

NO. OF EMP

15+

TELEPHONE

941/533-3398

STREET ADDRESS

CITY, STATE & ZIP CODE

COUNTY

2090 E. Clower Street, Bartow, Florida 33830

Polk

NAME

TELEPHONE

STREET ADDRESS

CITY, STATE ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOXES)

RACE COLOR SEX RELIGION NATIONAL ORIGIN

RETALIATION

AGE

DISABILITY

OTHER(SPECIFY)

DATE DISCRIMINATION TOOK PLACE

EARLIEST

1986

Continuing

LATEST

1999 06/24/99

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

I. Personal Harm: I have been denied a promotion to Environmental Specialist II by my employer, State of Florida, Polk County Health Department in the Septic Division. The position for which I applied was given to Wayne Longford of American born descent, a younger, less qualified person that has served less than four years with the County. I have been employed with Polk County for 13 years in the Septic division and I have had extensive training and continuing education in this field. Because of my experience in this department I was more qualified for the position than Wayne Longford. I am of Jordanian ancestry. I have made complaints of discrimination in the past.

II. Respondent's Reasons for Personal Harm: No Reason given

III. Discrimination Statement: I believe that I have been discriminated against because of my national origin, Jordanian; my age, 54; the fact that I have a disability and that I have complained of discrimination in the past; in violation of the Florida Civil Rights and Title VII of the Civil Rights Act of 1964 as amended; and the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act.



GINA L RILEY  
My Commission CC587795  
Expires Jun. 26, 2000

I want this charge filed both the EEOC and The Florida Commission on Human Relations. 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 state and local requirements)

I swear and affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT M. OMARI 7-14-99

Date 7-14-99 Charging Party (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Day, month, and year)