

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

02-586

CHARGE OF DISCRIMINATION

FCHR No. 99-V1489 RM

99 JUL 25 11 2:40 AM '99

ADMINISTRATIVE HEARINGS

Name (Indicate Mr., Ms., or Mrs.)
Ms. Nancy Crowe

Social Security Number

Date of Birth

Street Address
P.O. Box 4135

Home Telephone Number (area code)

City, State, and Zip Code
Evansville, IN 47724-0135

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
Emergency One

No. of Employees
15+

Telephone No. (area code)

Street Address
1701 SW 37th Avenue

City, State, and Zip Code
Ocala, FL 34470

County
Marion

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) 05/99

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

I. Personal Harm:

On or about May 03, 1999, I was forced to resign from my position. Prior to my resignation, I was subjected to a sexually hostile work environment which included comments of a sexual nature.

II. Respondent's Reasons for Personal Harm:

No reason was given

III. Discrimination Statement:

I believe I was discriminated against because of my gender, female. 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. I was sexually harassed by my co-worker, Mr. Philip Langly; I informed management about the sexually hostile work environment. As a result of reporting the harassment, I was told I could no longer work overtime. In addition, Mr. Langly was moved to second shift and he was allowed to get overtime; he also received a thirty cents raise.
2. I was forced to resign from my position.

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.

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

Nancy Crowe

7-21-99