

AD 02-152

CHARGE OF DISCRIMINATION		FCHR No. 99-V1924 Amended	
Name (Indicate Mr., Ms., or Mrs.) Adda Santiago		Social Security Number 580-94-0446	Date of Birth 7-5-49
Street Address 7545 East Treasure Drive, 6-J		Home Telephone Number (area code) 305 868-3837	
City, State, and Zip Code North Bay Village, Florida 33141		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 Eckerd Drugs, Inc. #3049	No. of Employees Over 15	Telephone No. (area code) 305 865-3298	
Street Address 95 East Harding Avenue	City, State, and Zip Code Miami Beach, Florida 33141	County Dade	
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"/> DISABILITY <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-7-98	

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

I. Personal Harm: I was relieved from my duties and placed at the front end of the store. My hours were reduced. I was later discharged from my position after I attempted to get transferred to another store

II. Respondent's Reasons for Personal Harm: I was told there were no hours for me.

III. Discrimination Statement: I believe I have been discriminated against because of my age and national origin which is a violation of Title VII of Federal Civil Rights Act of 1964, as amended, the ADEA, and Florida Statutes 760.10 for the following reason(s):

I was involuntarily transferred to a section of the store I was not scheduled to work. The employees in the pharmacy during my shift are all Jewish and I am Hispanic. My hours were reduced, I was taken out of the pharmacy and I placed in the front end of the store, then I was discharged. A female, younger than the age of 40 was hired. I did transfer to another store because I was promised work there. I was hired, after two months I was discharged because of the negative references of my previous supervisor

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FILED
DIVISION OF ADMINISTRATIVE HEARINGS

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

[Handwritten Signature]

08-12-99