

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F  
Tallahassee, Florida 32399-1570

12-2199

<b>CHARGE OF DISCRIMINATION</b>		FCHR No. <b>20-0042911</b>
Name (Indicate Mr., Ms., or Mrs.) <b>Mr. Edward E. Butler</b>		Telephone No. (area code) <b>(850) 656-8712</b>
Street Address <b>810 Coble Drive</b>		Home <b>(850) 656-8712</b>
City, State, and Zip Code <b>Tallahassee, Florida 32301</b>		Work (if possible to call you there)

RECEIVED  
DIVISION OF  
ADMINISTRATIVE  
HEARINGS  
MAY 30 PM 1:57

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name <b>Dept. of Comm. Affairs</b>	No. of Employees <b>33+</b>	Telephone No. (area code) <b>(850)487-4627</b>
Street Address <b>2555 Shumard Oak Blvd</b>	City, State and Zip Code <b>Tallahassee, Fl. 32399</b>	County <b>Leon</b>

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box below.)

RACE     COLOR     SEX     RELIGION     HANDICAP  
 NATIONAL ORIGIN     AGE     MARITAL STATUS     RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)    **Nov. 10, 1999**

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

**I. PERSONAL HARM:**  
I am beeing constantly bad mouth by the same employee that origanated the problem from the very beegining, going to other employees, all can of neigetive remarks about me, try to turn them aganist me, and been allowed to get away with it.

**II. RESPONDENT'S REASON FOR PERSONAL HARM:**  
Respondent gives no real reason, just, alligations.

**III. DISCRIMINATION STATEMENT:**  
I believe I have been discriminated against because of my race (Black) / sex (male) for the following reasons:  
1. With the advice of other employee, white, started the event that laid up to me being terminated by the Bureau Chief of Accountant and Finance.  
2. All white employees received some type of rais, of promotion in the spain of the year ln which I was employed there. I never received anything.

This discriminatory treatment is a violation of the Florida Civil Rights Act a stated in Chapter 760, Florida Statutes.

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

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HUMAN RELATIONS  
1999 NOV 12 PM 3:41

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.

NOTARY. (Required for Filing)  
SUBSCRIBED AND SWORN TO BEFORE ME

SIGNATURE OF COMPLAINANT    DATE

*Edward E. Butler*    **11/12/99**

FL DL # B346-225-55-3270

*Debbie R. Newton*  
**12<sup>th</sup> day of November 1999**

Debbie R. Newton  
MY COMMISSION # CC688882 EXPIRES  
October 15, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.