

FLORIDA COMMISSION ON HUMAN RELATIONS  
 325 John Knox Road, Suite 240, Building F  
 Tallahassee, Florida 32303-4149

02-3430

02 AUG 1999

CHARGE OF DISCRIMINATION		FCHR No. 2008595	
Name (Indicate Mr., Ms., or Mrs.) Mr. Budgett E. Williams - 3 F		Social Security Number 261-67-9661	Date of Birth 5-28-63
Home Address 1047 Palm View Drive		Home Telephone Number (area code) 904-767-4797	
City, State, and Zip Code South Daytona 32119		Work (if possible to call you there) —	

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

Name ALTERRA LIVING Service	No. of Employees 15+ Over	Telephone No. (area code) 904 238-3333
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Home Address 10 National Health Drive	City, State, and Zip Code Daytona Beach 32114	County Volusia
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TYPE 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 type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-20-99
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OTHER PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:  
 Cause mental anguish  
 hurt humiliated me in front of employees

II. RESPONDENT'S REASON FOR PERSONAL HARM:  
 Retaliation

III. DISCRIMINATION STATEMENT:  
 Only Black employee or employee ask to move  
 Furniture discriminated by supervisory position  
 compared Black people to gorilla's  
 confrontations at anytime anywhere  
 worked in hostile environment.  
 I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

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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: Budgett Williams  
 DATE: 11-28-99