

FLORIDA COMMISSION ON HUMAN RELATIONS

01-4552
Amended

3
n Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

20-00625

CHARGE OF DISCRIMINATION

FCHR No. A. Williams

Name (Indicate Mr., Ms., or Mrs.)
Mrs. Tonia L. Kelly

1999 DEC -8 AM 11:42

Social Security Number: 313-84-8518
Date of Birth: 01/01/69

Street Address
748 Etowah Court

Home Telephone Number (area code)
(850) 543-3888

City, State, and Zip Code
Tallahassee, FL 32303

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
Heritage Health Care

No. of Employees
15+

Telephone No. (area code)
(850) 877-2177

Street Address
815 Ginger Drive

City, State, and Zip Code
Tallahassee, FL 32308

County
Leon

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) 09/18/99

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

I. PERSONAL HARM:

On September 18, 1999 I was denied a promotion to Assistant Director of Nursing. After making a complaint of racial discrimination in regards to the promotion, I was subjected to a hostile working environment and retaliation.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

No reason was given for the personal harm.

III. DISCRIMINATION STATEMENT:

I believe I have been discriminated against because of my Race/Black and Retaliation which is in violation of Chapter 760 of the Florida Civil Rights Act, and Title VII of the Federal Civil Rights Act for the following reason;

1. Lisa Taylor/White Nurse was promoted to Assistant Director of Nursing. By promoting Taylor to this position, Management failed to follow the proper policy and procedure of the hiring guidelines.
2. After complaining to the Group Human Resource Manager, I was constantly harassed by the Director of Nursing and the Executive Director. I was reprimanded, denied retro pay that was due to me and subjected to comments that are stereotypical of black people.

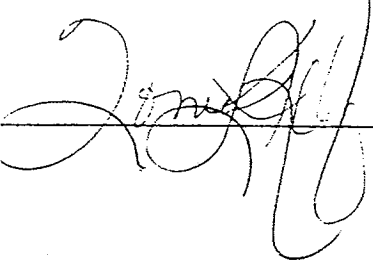
I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

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



12/28/99