

02-549

FLORIDA COMMISSION ON HUMAN RELATIONS  
 25 John Knox Road, Suite 240, Building #  
 Tallahassee, Florida 32399-1570

<b>CHARGE OF DISCRIMINATION</b>		FCHR No. <u>2000887</u>
Name (Indicate Mr., Ms., or Mrs.) Ms. Sheila Roswan Sharpe	<b>FILED</b>	Telephone No. (area code) (904) 277-7089
Street Address 507 S. 13th Terrace	<b>FILED</b>	Home
City, State, and Zip Code Fernandina Beach, FL 32034	Date <u>2/14/02</u>	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 Nassau Terminals	No. of Employees Approximately 100	Telephone No. (area code) (904) 261-0753
Street Address Port of Fernandina	City, State and Zip Code Fernandina Beach, FL 32034	County Nassau County

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 checked="" type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) <u>April, 1999</u>
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. PERSONAL HARM


I was injured in an on the job accident and when I was released by my treating physician to return to work my employer refused to give me light duty work even though light duty work was available.

II. RESPONDENT'S REASON FOR ADVERSE ACTION

They didn't feel I could do the work.

III. I believe I have been discriminated against because of my Handicap. I believe my rights have been violated under the American's With Disabilities Act and the Florida Civil Rights Act.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED 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.	NOTARY - (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME SHEILA R. ROSWAN  Julie Skipper-Edwards MY COMMISSION # CC797885 EXPIRES December 20, 2002 BONDED THRU TROY FAIR INSURANCE, INC.
SIGNATURE OF COMPLAINANT <i>Sheila R. Roswan Sharpe</i>	DATE <u>1-11-00</u>
11 OF January, 19 00	