

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

02-3679

02
 SEP 27 11 30 AM '99

CHARGE OF DISCRIMINATION

NAME (Indicate Mr., Ms., Mrs.)
 Ms. Rita Agustynowicz

FCBR No. 20000927

HOME TELEPHONE (Include Area Code)
 (561) 392-8941

STREET ADDRESS CITY, STATE AND ZIP CODE
 5650 Pacific Boulevard, Apt #114, Boca Raton, Florida 33433

DATE OF BIRTH
 11-04-60

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME American Bankers Insurance Group	NUMBER OF EMPLOYEES, MEMBERS 200+	TELEPHONE (Include Area Code) (305) 253-2244
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STREET ADDRESS CITY, STATE AND ZIP CODE 11222 Quail Roost Drive Miami, FL 33157	COUNTY Dade
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NAME	TELEPHONE NUMBER (Include Area Code)
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STREET ADDRESS CITY, STATE AND ZIP CODE	COUNTY
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

RACE COLOR SEX RELIGION AGE
 RETALIATION NATIONAL ORIGIN DISABILITY OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
 EARLIEST (ADEA/EPA) LATEST (ALL)
 2/99

CONTINUING ACTION

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

I was an employee of American Bankers Insurance Group for four and a half years. During this time I was subjected to unlawful sexual harassment, discrimination, and retaliation. I was harassed and intimidated on a daily basis by my supervisors, including Alan West. Additionally, I was the victim of unwelcome sexual advances and remarks. My complaints regarding West's harassment resulted in my termination in February, 1999.

I believe I have been harassed and discriminated against because of my sex, female and retaliated against after complaining about the harassment, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies 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 - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

Jan 11 2000
 Date

Rita Agustynowicz
 Charging Party (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (Day, month, and year)