CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY: ☐ FEPA ☒ EEOC

CHARGE NUMBER: 151A00766

FLORIDA COMMISSION ON HUMAN REL. and EEOC
State or local Agency, if any

FILED
00 JUL 17 AM 8:53
DIVISION OF ADMINISTRATIVE HEARINGS

00-2929

NAME *(Indicate Mr., Ms., Mrs.)*: Mr. Anthony Cirruzzo

HOME TELEPHONE *(Include Area Code)*: (727) 376-5569

STREET ADDRESS: 7692 Deer Foot Drive, New Port Richey, FL 34653

CITY, STATE AND ZIP CODE:

DATE OF BIRTH: 02/23/1959

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: U S A A

NUMBER OF EMPLOYEES, MEMBERS: Cat D (501 +)

TELEPHONE *(Include Area Code)*:

STREET ADDRESS: 17200 Commerce Park Boulevard, Tampa, FL 33631

CITY, STATE AND ZIP CODE:

COUNTY: 057

NAME:

TELEPHONE NUMBER *(Include Area Code)*:

STREET ADDRESS:

CITY, STATE AND ZIP CODE:

COUNTY:

CAUSE OF DISCRIMINATION BASED ON *(Check appropriate box(es))*

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

DATE DISCRIMINATION TOOK PLACE
EARLIEST: 02/23/1999
LATEST: 01/14/2000
☒ CONTINUING ACTION

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

I. PERSONAL HARM

In September 1999, I was demoted from the position of Senior Claims Adjuster to the position of Examiner. Since February 1999, I have been denied promotions, in spite of my qualifications for the positions.

II. RESPONDENT'S REASON FOR ADVERSE TREATMENT

Sue Johnson, District Manager, told me that there was no business need for the Senior Claims Adjuster position. In reference to the promotions, I have been told that I was not the one selected.

III. DISCRIMINATION STATEMENT

I believe I have been discriminated against because of my age, forty, in violation of the Age Discrimination in Employment Act of 1967, 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 cooperate fully with them in the processing of my charge in accordance with their procedures.

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

Date 11/14/00

Charging Party *(Signature)*

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.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Month, day and year)

EEOC FORM 5 (Rev. 06/99)

[redacted] COPY