

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

01-3045

FILED
 6-25-99
 DIVISION OF ADMINISTRATIVE HEARINGS

CHARGE OF DISCRIMINATION		FCHR No. 9903925 DG
Name (Indicate Mr., Ms., or Mrs.) Ms. Stephanie L. Prather	Social Security Number 264-55-0596	Date of Birth 05-04-73
Street Address 103 West Magnolia Street Apt. # 2	Home Telephone Number (area code) 850-983-8850	
City, State, and Zip Code Milton, Florida 32570	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 Mold Ex Rubber Company	No. of Employees 15+	Telephone No. (area code) 850-626-7211
Street Address 8052 Armstrong Road	City, State, and Zip Code Milton, Fl. 32583	County Santa Rosa

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)] <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <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) 6/4/99
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:
 I worked as a Industrial Operator until I was terminated on 6/4/99.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 There were no light duty positions available for my restriction.

III. DISCRIMINATION STATEMENT:
 I believe I have been discriminated against because of my race and disability 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. I was not reasonably accommodated for my disability, I was told by my supervisor, Mr. Nick Bores that I could re-apply after my doctor gave me a 100% release.
2. On 6/8/99 I called my attorney to let her know what was going on, and she said to ask Mr. Bores if he knew about Americans Disability Act Law, he said he did, I asked him to reconsider my termination and he said he could not do that because of their probation law.
3. I asked him to give me regular duty in the Injection Molding Department and he refused to do so.
4. Before I was terminated I asked him for a letter for my doctor so that he could determine my disability and he would not give me one.

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: *Stephanie L. Prather* DATE: 2/3/00