

FLORIDA COMMISSION ON HUMAN RELATIONS

325 Ann Knox Road, Suite 240, Building I
Tallahassee, Florida 32303-4149

00-2072

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 9903178 J. Moran

Name (Indicate Mr., Ms., or Mrs.)
Joan Ellen Tharpe

Social Security #

Date of Birth
3/10/50

Street Address
P.O. Box 608, Highway 67

Home Telephone Number (area code)
850/379-3499

City, State, and Zip Code
Bristol, FL 32321

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
Riverside Elementary School

No. of Employees
15+

Telephone No. (area code)
850/482-1334

Street Address
2958 Cherokee Street

City, State, and Zip Code
Marianna, FL 32446

County
Jackson

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) 12/13/98

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

I. Personal Harm:

On December 13, 1998, I was forced to resign from my position as Food Service Manager.

II. Respondent's Reasons for Personal Harm:

I was advised that I could not remain employed since I had been awarded retirement.

III. Discrimination Statement:

I believe I have been discriminated against because of my Disability, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended and Title VII of the Federal Civil Rights Act for the following reasons:

1. I was continually harassed because of my disability. Mr. Allen, Assistant Food Service Director, called me "psychotic" on one occasion. I was yelled at, embarrassed in front of my workers, and accused of things I had not done.
2. I had a worker with back injuries. Mr. Allen stated that she had probably outlived her usefulness on the job. I told him that she was on workman's compensation and had a letter from her attorney, at which point he backed off. Shortly thereafter she was transferred to another area.
3. The harassment caused me to go home crying every day, and eventually rendered me unemployable, which can be verified by 3 doctors, the Division of Retirement and Social Security.

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

Joan E. Tharpe
00 MAY 16 AM 8:56

Aug 29, 1999

FILED

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