

FLORIDA COMMISSION ON HUMAN RELATIONS

02-691

3 John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

AMENDED CHARGE OF DISCRIMINATION

FCHR No: 2000952 J. Moran

Name (Indicate Mr., Ms., or Mrs.) Sharon Lee Ruckle
Social Security # 497-46-9319
Date of Birth 1/2/45

00 MAR -1 PM 1:38 02 FEB 29

Street Address 31644 Bronson Road
Home Telephone Number (area code) 352/383-8359

City, State, and Zip Code Sorrento, FL 32776
Work (if possible to call you there) 407 322-8566

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name RHA Health Services Inc. DBA Fern Park Developmental Center	No. of Employees 15+	Telephone No. 407/331-7231
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Street Address 230 Fern Park Boulevard	City, State, and Zip Code Fern Park, FL 32730	County Seminole
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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) 11/30/99

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

I. Personal Harm:

During my employment with Respondent as a Health Services Director I was subjected to a sexually hostile work environment. I was ultimately terminated on November 30, 1999.

II. Respondent's Reasons for Personal Harm:

I was told I was being terminated for "non-cohesiveness." No reason was given for the sexual harassment.

III. Discrimination Statement:

I believe I have been discriminated against because of my Sex - Female, and Retaliation, 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. On at least 3 occasions, male employees have told very crude and offensive jokes while around other female employees. I complained to the Administrator, who laughed and made no attempt to put a stop to the jokes. 4 or 5 hours after I complained, I was terminated.

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 *Sharon Lee Ruckle* DATE 2-26-00