CHARGE OF DISCRIMINATION

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

AGENCY	CHARGE NUMBER
☐ FEPA ☒ EEOC	151A00924

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

FILED
00 JUL 24 AM 8:54
DIVISION OF ADMINISTRATIVE HEARINGS

NAME (Indicate Mr., Ms., Mrs.)	HOME TELEPHONE (Include Area Code)
Mrs. Minchi Torres	(813) 886-3659
STREET ADDRESS / **CITY, STATE AND ZIP CODE**	**DATE OF BIRTH**
10050 Oasis Palm Dr, Tampa, FL 33615	02/12/1966

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	NUMBER OF EMPLOYEES, MEMBERS	TELEPHONE (Include Area Code)
Sweet5 Tomatoes	Cat D (501 +)	(813) 960-5220
STREET ADDRESS / **CITY, STATE AND ZIP CODE**		**COUNTY**
14703 N Dale Malbery, Tampa, FL 33618		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	*LATEST*
03/02/2000	03/02/2000

☐ CONTINUING ACTION

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

I. Personal Harm

On March 2, 2000, I was denied the opportunity to perform light duty as prescribed by my doctor. I was forced to take a leave of absence. My doctor advised me not to work more than 8 hours per day.

II. Respondent's Reason For Adverse Action

District Manager, Robert Wilson told me that there was no light duty and he also stated that company policy dictates that all employees should be treated equally.

III. Discrimination Statement

I believe I have been discriminated against because of my pregnancy in violation of Title VII of the Civil Rights Act of 1964.

00 MAR 15 AM 11:23

☐ 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 3-15-00 Charging Party *(Signature)* Minchi Torres

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)

CHARGING PARTY COPY