

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building 1

Tallahassee, Florida 32303-4149

COMMISSION ON HUMAN RELATIONS

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PUBLIC ACCOMMODATION CHARGE OF DISCRIMINATION		FCHR No. <u>20-01692</u>	
Name (Indicate Mr., Ms., or Mrs.) <u>Mr. Tom M. Marshall</u> <u>00-5092</u>		Social Security Number <u>405-13-4081</u>	Date of Birth <u>12/11/78</u>
Street Address <u>27 S. Julia</u>		Home Telephone Number (area code) <u>(810) 921-4885</u>	
City, State, and Zip Code <u>Henderson KY, 42420</u>		Work (if possible to call you there) <u>(810) 921-2880</u>	
List the public lodging and/or public food service facility which discriminated against you.			
Name <u>Radisson Hotel Daytona</u>		Telephone No. (area code) <u>(904) 239-9800</u>	
Street Address <u>1040 North Atlantic Avenue</u>		City, State, and Zip Code <u>Daytona Beach, Florida 32118</u>	
County <u>Wayne</u>			
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> CREED <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
<p>I. PERSONAL HARM: While on vacation in Daytona Beach Florida during Black College Reunion I believe that we were discriminated against by the Radisson Hotel due to the following reasons. First of all my friends and I were made to wear a bright neon bracelet</p> <p>II. RESPONDENT'S REASON FOR PERSONAL HARM: The reasons that were given for wearing the bracelets were to keep a lot of people out that did not have rooms in the Radisson and to cut down on partying in the rooms.</p> <p>III. DISCRIMINATION STATEMENT: I believe we were discriminated against due to race because there were caucasian people upon our arrival who we did not see with these bracelets on. We also believe that we paid an enormous amount of money for a room in which we could not have guests unless a bracelet was visible</p>			
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	
<u>Lou Marshall</u>		<u>4/5/2000</u>	

Mildred Greenwell
Notary
The Commission Expires 6/7/2003