

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

INS 02-4049

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 FILED  
 APR 19 1998  
 J. Moran  
 18  
 11/15/65  
 12  
 DISCRIMINATION

<b>AMENDED CHARGE OF DISCRIMINATION</b>		FCHR No. 99-21905	J. Moran
Name (Indicate Mr., Ms., or Mrs.) Philomene Augustin		Social Security # 595-39-0484	Date of Birth 11/15/65
Street Address 5340 NE 5 Terrace, PA 4203		Home Telephone Number (area code)	
City, State, and Zip Code Pompano Beach, FL 33064		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 Marriott	No. of Employees 15+	Telephone No. 954/698-9004
Street Address 3001 Deercreek Country Club Boulevard	City, State, and Zip Code Deerfield Beach, FL 33442	County Broward

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"/> RELIGION <input 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) 7/23/98
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**THE PARTICULARS ARE** (If additional space is needed, attach extra sheet(s):

**I. Personal Harm:**  
 On July 23, 1998, I was terminated from my position as a Certified Nursing Assistant. I was also subjected to verbal harassment.

**II. Respondent's Reasons for Personal Harm:**  
 I was told I was being terminated for patient abuse..

**III. Discrimination Statement:**  
 I believe I have been discriminated against because of my Race - Black, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

- Although I was accused of patient abuse, I have a letter from the Department of Children & Families which states that this allegation is unfounded.
- During this time, 4 other Black employees were terminated. No White employees were discharged. I also heard a supervisor say "we need to get these Blacks out of here."

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: *Philomene Augustin*      DATE: A-16-00