

FLORIDA COMMISSION ON HUMAN RELATIONS

John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

02-406

AMENDED CHARGE OF DISCRIMINATION FCHR No. 2001904 J. Moran

Name (Indicate Mr., Ms., or Mrs.)
Tonie A. Toney
Social Security #
419-90-9145
Date of Birth
4/15/67

Street Address
211 Southgate Drive
Home Telephone Number (area code)
ADMINISTRATIVE 850/683-0615

City, State, and Zip Code
Crestview, FL 32539
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 HealthSouth Crestview Surgery Center	No. of Employees 15+	Telephone No. (area code) 850/683-1555
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Street Address 400 West Redstone Avenue	City, State, and Zip Code Crestview, FL 32539	County Okaloosa
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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) 12/1/99

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

I. Personal Harm:
On August 6, 1999, I learned that I would not be receiving a promotion. On December 1, 1999, I resigned from my position as a Billing Specialist.

II. Respondent's Reason for Personal Harm:
I was told that a better qualified candidate was selected. I was also told that Respondent needed someone to start immediately.

III. Discrimination Statement:
I believe I have been discriminated against because of my Race - Black and Gender - Pregnancy, 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 denied the courtesy of an interview for the Office Manager position although I have a management degree, over 2 years of experience and 3 years with the company. A White female was given this position. I learned I would not be receiving this position on August 6, 1999.
2. I was also due with my first child and was about to go on maternity leave. I was told that Respondent needed someone to start immediately, therefore I would not be eligible. However, someone was not hired for at least 2 months. I would have been available to work at this time.

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: *Tonie Toney*
 DATE: 5/14/00