

FLORIDA COMMISSION ON HUMAN RELATIONS

325 hn Knox Road, Suite 240, Building I
Tallahassee, Florida 32303-4149

02-2110

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 2000705 J. Moran

Name (Indicate Mr., Ms., or Mrs.)
Angelia Reddick

00 MAY 15 PM 2:02

Social Security #

Date of Birth

Street Address
616 Winchester Avenue

Home Telephone Number (area code)
904/226-5046

City, State, and Zip Code
Daytona Beach, FL 32114

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
Conklin Center for the Blind

No. of Employees
15+

Telephone No.
904/258-3441

Street Address
405 White Street

City, State, and Zip Code
Daytona Beach, FL 32114

County
Volusia

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) CONT.

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

I. Personal Harm:

Since filing an EEOC & FCHR complaint against Respondent, I have been experiencing retaliation.

II. Respondent's Reasons for Personal Harm:

No reason has been given for the discrimination.

III. Discrimination Statement:

I believe I have been discriminated against because of 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. After I filed a complaint with both the Equal Employment Opportunity Commission and the Florida Commission on Human Relations (case number 9903465) I have been experiencing retaliation in the form of intimidation, harassment and additional work.
2. Very recently, my supervisor has made an announcement to the staff about my complaint. He has even placed the actual charge form in a folder at the front desk and invited all staff to read it. As a result, I have been subjected to hostility from my co-workers.

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

Angelia P. Reddick

DATE

5-11-2000