

FLOPPY COMMISSION ON HUMAN RELATIONS
 2 John Knox Road, Suite 240, Buildir
 Tallahassee, Florida 32303-4149

12-3787

CHARGE OF DISCRIMINATION

FCHR No. 2001638 Amended DG

Name (Indicate Mr., Ms., or Mrs.)
 Miriam L. Hillerby

Special Security Number
 34-44-4177

Date of Birth
 12-05-49

Street Address
 3501 N. Blue Angel

Home Telephone Number (area code)
 850-453-9202 or 9206

City, State, and Zip Code
 Pensacola, Florida 32526

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 Howard Johnson

No. of Employees
 15+

Telephone No. (area code)
 850-479-3800

Street Address
 6911 Pensacola Blvd.

City, State, and Zip Code
 Pensacola, Fl 32505

County
 Escambia

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) 03/14/00

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

I. PERSONAL HARM:

Forced to resign my position as Night Audit.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

No reason was given for the action taken.

III. DISCRIMINATION STATEMENT:

I believe I have been discriminated against because of my age which is in violation of Chapter 760 of the Florida Civil Rights Act, and Title VII of the Federal Civil Rights Act for the following reason;

1. I was forced to work three different shifts in a five day period, I asked for day shift or at least just two shifts per week and this request was ignored.
2. I was forced to work all the hours the younger girls did not want to work
3. After I asked to have someone else help me pull the three shifts, my request was ignored and the shift was still assigned to me. I had no other choice but to quit.
4. The younger people were making more money and were being treated much better when it comes to hours and working day shift.

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COMMISSION ON HUMAN RELATIONS

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

Miriam L. Hillerby

05-26-00