

FROM: OMNIFAX

TO:

9549854176

FEB 5, 1998 12:26PM #233 P.10

01-2816

**FLORIDA COMMISSION ON HUMAN RELATIONS**  
 325 John Knox Road, Suite 240, Building F  
 Tallahassee, Florida 32399-1570

01 JUL 17 AM 9:09  
 FILED  
 ADMINISTRATIVE  
 HEARINGS  
 DIVISION

<b>CHARGE OF DISCRIMINATION</b>	<b>FCHR No.</b>
<b>Name (Indicate Mr., Ms., or Mrs.)</b> Mr. Paul Chinigo	<b>Telephone No. (area code)</b> (561) 495-0325
<b>Street Address</b> 3405 B Spanish Wells Drive	<b>Home</b> Same
<b>City, State, and Zip Code</b> Delray Beach, FL 33445	<b>Work (if possible to call you there)</b>

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

<b>Name</b> Sound Advice, Inc.	<b>No. of Employees</b> 500+	<b>Telephone No. (area code)</b> 1-800-749-1897
<b>Street Address</b> 1901 Tigertail Boulevard	<b>City, State and Zip Code</b> Dania, FL 33004	<b>County</b> Broward

<b>CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))</b> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	<b>DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)</b> 12/19/99
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THE PARTICULARS ARE (if additional space is needed, attach extra sheet(s)):

SEE ATTACHED SHEET

00 JUN 19 PM 2:46  
 RECEIVED  
 DIVISION OF  
 HUMAN RELATIONS  
 TALLAHASSEE, FLORIDA

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.

**SIGNATURE OF COMPLAINANT**      **DATE**  
*Paul Chinigo*      6/9/00

**NOTARY.. (Required for Filing)**  
 SUBSCRIBED AND SWORN TO before me this 9th day of June, 2000  
*Elinor Ann Barnard*  
 ELINOR ANN BARNARD  
 Commission # CC 872341  
 Expires Nov. 4, 2003  
 Bonded Thru Atlantic Bonding Co., Inc

I. PERSONAL HARM

I was forced to work excessive overtime that caused stress and exacerbation of my handicap condition. I was pressured to work the excessive hours to the point that I refused to do the added work and was fired.

II. RESPONDENT REASON FOR PERSONAL HARM

Respondent terminated me for refusing to come into work on a Sunday, despite demands to show up; customer complaints that were unjustified, and "excessive nagging."

III. DISCRIMINATION STATEMENT

I believe I have been discriminated against because of my handicap for the following reasons:

1. I gave my employer physician notices that because of my handicap I should not be exposed to excessive stress and should work reduced hours.

2. Despite the physician notes and my requests not to be required to work excessive hours, Respondent forced me to work excessive hours that resulted in my hospitalization, and ultimately lead to my termination for refusing to work the extra hours.