

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

FEP
EEOC

01-1763
2003269

Florida Commission on Human Relations

and EEOC

State or local Agency, if any

01 MAY FILED
DIVISION OF ADMINISTRATIVE HEARINGS
PM 1:24

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Mrs. Deborah C. Woods

(904) 427-4563

STREET ADDRESS CITY, STATE AND ZIP CODE

DATE OF BIRTH

650 Wildwood Drive, New Smyrna Beach, FL 32168

12/15/39

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME American Red Cross Blood Services Southeast Region

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

500+

(800) 600-6401

STREET ADDRESS CITY, STATE AND ZIP CODE

COUNTY

422 Hapersham St., Savannah, GA 31401-4737

NAME American Red Cross Blood Services

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS CITY, STATE AND ZIP CODE

COUNTY

341 White Street, Daytona Beach, FL 32120

Volusia

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL)

X RACE [] COLOR [] SEX [] RELIGION X AGE

11/14/96

X RETALIATION [] NATIONAL ORIGIN X DISABILITY [] OTHER (Specify)

[] CONTINUING ACTION

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

00 JUL 10 PM 2:57
RECEIVED

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies 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.

NOTARY - (When necessary for State and Local Requirements)

I swear, or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

040797

Deborah C Woods

Deborah C Woods

Date Charging Party (Signature)



MARCIA A. ZIMMERMAN
Notary Public, State of Florida
My Comm. Exp. Sept. 26, 1993
Comm. No. CC 409796