

**FLORIDA COMMISSION ON HUMAN RELATIONS**

525 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

**FILED**

**CHARGE OF DISCRIMINATION**

FCHR No. 00 971608, Amended

Name (Indicate Mr., Ms., or Mrs.)	Bobbi Debose	Social Security Number	Date of Birth
Street Address	1129 NE 24th Street	Home Telephone Number (area code)	
City, State, and Zip Code	Gainesville, Florida 32641	Work (if possible to call you there)	

DIVISION OF  
ADMINISTRATIVE  
HEARINGS  
14  
8:59

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

Name	No. of Employees	Telephone No. (area code)
Columbia North Florida Regional Med. Ctr.	15+	352 333-4360
Street Address	City, State, and Zip Code	County
6500 Newberry Road	Gainesville, Florida 32614	Alachua

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	(month, day, year) 12/18/96

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

I was discharged from my position because of my race/black and my age, 47, after 23 years of service because of the manager's desire to get rid of the balck employees and replace them with younger white employees.

**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.

SIGNATURE OF COMPLAINANT \_\_\_\_\_ DATE \_\_\_\_\_

Signature on File

NOTARY- (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME

\_\_\_\_\_ OF \_\_\_\_\_, 19\_\_