

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F  
Tallahassee, Florida 32303-4149

03-1276

<b>CHARGE OF DISCRIMINATION</b>		<b>FCHR No. 2003724 Amended DG</b>	
Name (Indicate Mr., Ms., or Mrs.) Jack S. Marquis, D.P.M.		Social Security Number 03 APR -9 PM 1:30 0988-2 112 21	Date of Birth
Street Address 2043 Hamilton Crossing Drive		Home Telephone Number (area code) 850-968-6900	
City, State, and Zip Code Cantonment, Florida 32533-5813		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 West Florida Medical Center Clinic, PA	No. of Employees 15+	Telephone No. (area code) 850-474-8272
Street Address 8333 North Davis Hwy.,	City, State, and Zip Code Pensacola, Florida 32514	County Escambia

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)] <input 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	Date Most Recent Or Continuing Discrimination Took Place (month, day, year) 09/01/99
---	--

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

**I. PERSONAL HARM:**  
My contract was not renewed with the West Florida Medical Center Clinic as a Podiatrist as of September 1, 1999.

**II. RESPONDENT'S REASON FOR PERSONAL HARM:**  
I was told it was a Quality Assurance Issue with West Florida Regional Medical Center Hospital.

**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 discussed this supposed QA issue with both the Hospital's Medical Director and the QA Specialist and was told that there was no QA issues past, pending or present.
2. I found out that the Medical Center hired a female Podiatrist. The new Podiatrist was in her late 30's and I am 54 years of age.
3. During the months of July and August of 1999, my patient load diminished artificially because of efforts of the Orthopedic Schedulers who were directed to divert patients to the other Podiatrist. This act prevented me from meeting the Clinic's formula for my collections. During the middle of July I was called into the Administration Office and told that my termination would be September 1, 1999, instead of October 1, 1999.
4. I believe age was a motivating factor in my termination. I had developed a Podiatry Clinic from nothing and it was given to a younger Podiatrist, without any compensation.

**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

*Jack S. Marquis DPM*

9/28/2000