

CHARGE OF DISCRIMINATION

03-0008
 AGENCY CHARGE NUMBER
 FEPA
 EEOC 151A10108

Form is affected by the Privacy Act of 1974; See Privacy Act Statement before filing this form.

Florida Commission on Human Rel. and EEOC
 State or local Agency, if any

FILED
 03 JAN -2
 DIVISION OF
 ADMINISTRATIVE
 HEARINGS

NAME (Indicate Mr., Ms., Mrs.) **Mr. Andrew Flaughter**
 STREET ADDRESS **708 Harrington Lake Dr., South Venice, FL 34293**
 CITY, STATE AND ZIP CODE **VENICE, FL 34293**
 TELEPHONE (Include Area Code) **(941) 492-3657**
 DATE OF BIRTH

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 **Publix Store #384**
 NUMBER OF EMPLOYEES, MEMBERS **Cat D (501 +)**
 TELEPHONE (Include Area Code) **(941) 497-6048**
 STREET ADDRESS **4173 S Tamiami Tr, Venice, FL 34293**
 CITY, STATE AND ZIP CODE **VENICE, FL 34293**
 COUNTY **115**

NAME
 STREET ADDRESS
 CITY, STATE AND ZIP CODE
 COUNTY

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

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
 EARLIEST **08/28/1999** LATEST **08/28/1999**
 CONTINUING ACTION

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

I. On 8/28/99 I was discharged from my position as Baker. I had been employed for over 14 years at the time. I was also harassed on a daily basis because of my disability.

II. I was never given a reason for the termination or for the harassment.

III. I believe that I was discriminated against because of my disability in violation of the Americans with Disabilities Act of 1990, as amended.



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 cooperate fully with them in the processing of my charge in accordance with their procedures.

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

X Andrew Flaughter
Oct 10th 2000
 Date Charging Party (Signature)

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.

SIGNATURE OF COMPLAINANT
Andrew Flaughter

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (Month) day and year
10/10/00