

FLORIDA COMMISSION ON HUMAN RIGHTS  
 325 W. Knox Road, Suite 240, Building 1  
 Tallahassee, Florida 32303-4149

02-1437

<b>CHARGE OF DISCRIMINATION</b>		FCHR No. 2100232 DH	
Name (Indicate Mr., Ms., or Mrs.) Gregory L. Stubbs		Social Security Number 253-47-1498	Date of Birth 01/07/59
Street Address 3563 North Hampton Cove Court		Home Telephone Number 904-743-2071	
City, State, and Zip Code Jacksonville, Florida 32225		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <p style="font-size: 1.2em; margin-top: 10px;">4-10-02</p>	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Florida Department of Transportation	No. of Employees 15+	Telephone No. (area code) 904-360-5406	
Street Address 2250 Irene Street	City, State, and Zip Code Jacksonville, Florida 32204	County Duval	
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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION		Date Most Recent Or Continuing Discrimination Took Place (month, day, year)   12/9/99	

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

**I. PERSONAL HARM:**

My employment was wrongfully terminated on December 12, 1999.

**II. RESPONDENT'S REASON FOR PERSONAL HARM:**

The department policy for an employee out on medical leave is to provide a medical statement before being allowed to return to work. Prior to October 10, 1999 the department had not received a written release from my doctor. This led to the Dept. of Transportation/Motor Carrier Compliance grounds for dismissal as they stated that I made no efforts to contact the office as to my being on leave, during the time period of October 11, thru the 15th.

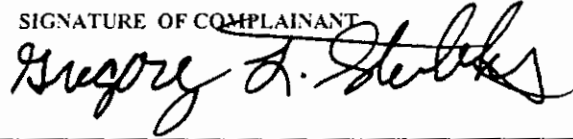
**III. DISCRIMINATION STATEMENT:**

I believe I have been discriminated against because of retaliation 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. A written reply to my complaint was sent from EEOC was mistakenly sent directly to the Department of Transportation/Motor Carrier Compliance instead of my own personal residence. This letter was forwarded to my jobsite location with a note from the office secretary stating that they opened my mail in error. This breach of privacy made the agency aware of my complaint against the department and EEOC office response to the charges.
2. After finding out about the complaint, the harassment increased and intensified. I was being written up for anything.
3. I received my doctor's note late, stating I would be on leave during the time period of October 11, thru the 15th. During a redetermination meeting on November 16, 1999 with my union representative, my superior officer Sgt. Fachko and Senior supervisor, Lt. Thomas, I produced the documentation prior to their final decision of termination.

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 12-26-00