

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

01-3463

AMENDED CHARGE OF DISCRIMINATION RECEIVED		CHARGE NUMBER 150A11455	
Name (Indicate Mr., Ms., or Mrs.) ROLANDA BOADA		Social Security # 589-01-1779	Date of Birth 9-13-55
Street Address 350 EAST 60 STREET		Home Telephone Number (area code) 305-821-0761	
City, State, and Zip Code HIALEAH, FLORIDA 33013		Work (if possible to call you there) 305-904-5985-CELL	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name City of Hialeah Gardens	No. of Employees 15+ 100+	Telephone No. 305-558-4114	
Street Address 10001 N.W. 87 Ave	City, State, and Zip Code H. Gdns. FL 33016	County DADE	
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) 11-22-00	

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

I. Personal Harm:

II. Respondent's Reasons for Personal Harm:

III. Discrimination Statement:

The City of Hialeah Gardens subjected me to age discrimination (45), among other violations of the law, when Mayor Yosiet De La Cruz (27), terminated me on November 22, 2000. Mayor De La Cruz has replaced me with Nivaldo Rodriguez, who is 21 years old. Mayor De La Cruz has a pattern and practice of hiring people who are under the age of 30, and excluding people who are over the age of forty. Mayor De la Cruz also has a pattern and practice of denying compensatory time to employees under the age of forty and awarding comp time to those employees under the age of 30

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

[Handwritten Signature]

DATE

02-05-01

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