

04-4240

FLORIDA COMMISSION ON HUMAN RELATIONS
2009 Apalachee Parkway, Suite 100
Tallahassee, Florida 32301

Date Stamp (FCHR Use Only)
NOV 18 2004 3:46 PM

EMPLOYMENT CHARGE OF DISCRIMINATION	FCHR No.	JAB
Name (Indicate Mr. or Ms.) Mr. Jimmy DeJesus	E-Mail Address	Date of Birth N/A
Mailing Address 2409 Suwannee Lane	Home Telephone Number (area code) (850) 862-2017	
City, State, and Zip Code Fort Walton Beach, FL 32547	Work (if possible to call you there) N/A	

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

Name Greenleaf Auto Salvage	Number of Employees 15+	Telephone Number (850) 863-4167
Street Address (Branch/Office in Florida) 729 Beal Parkway Northwest	City, State and Zip Code Fort Walton Beach, FL 32547	County Okaloosa

CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY/HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT DISCRIMINATION TOOK PLACE (month, day, year) 1/8/2004
---	---

THE PARTICULARS ARE:

I believe I have been discriminated against pursuant to Chapter 760 of the Florida Civil Rights Act, and/or Title VII of the Federal Civil Rights Act, and/or the Age Discrimination in Employment Act, and/or the Americans with Disabilities Act as applicable:

I feel I have been discriminated based on my race (Hispanic) during employment with the Respondent.

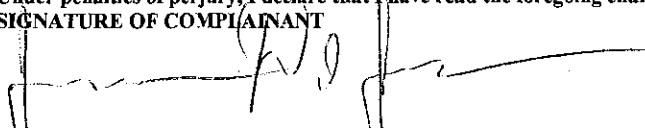
I had been working for the Respondent for nearly three months. I had been harassed on a continuous basis by my Assistant Manager in which I complained to my Manager. The harassment I endured, in my opinion, was based on my race.

I had suffered an injury on the job in which I reported to my Assistant Manager. He did not take me seriously and thought I was joking. I then proceeded to let other individuals know to include my Manager of my injury. Nothing was every done and I was not allowed to file for Workmen's Compensation. The very next day I was given a report by my Manager stating I was not doing my job properly. Up to this point, I had no issues and was told I had been performing my job properly.

On January 8, 2004, I was terminated for missing a day even though I had accumulated sick leave to account for this day. I feel I was harassed during my employment, denied Workmen's Compensation and retaliated against by being terminated all based on my race.

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** 2/18/04

TC