

2-4014

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

FEPA
 EEOC

FILED 150 A1 1681

Florida Comm. on Human Relations and EEOC
State or local Agency, if any

RECEIVED
OCT 18 8 52 AM '01
01 APR 12 PM 3:10

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Mr. Carlos A. Mangual

(305) 895-5712

STREET ADDRESS

CITY, STATE AND ZIP CODE

1290 Ne 135th Street, North Miami, FL 33161

DIVISION OF ADMINISTRATIVE HEARINGS

DATE OF BIRTH

03/08/1967

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

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Miami Dade County Consumer Service

Cat B (101-200)

(305) 375-1250

STREET ADDRESS

CITY, STATE AND ZIP CODE

140 W Flagler Street, Suite 901, Miami, FL 33128

COUNTY

086

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

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

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST

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

06/09/2000 06/09/2000
 CONTINUING ACTION

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

On June 9, 2000, I was demoted from my position of consumer protection officer to a parks security supervisor and my probation for a promotion was terminated.

The Assistant Director of Consumer Protection, Mario Goderich told me that I was being demoted because "your disability and liability you bring to this department" and he was terminating my probation for a promotion that I received.

I believe that I have been discriminated against because of my disability, by being demoted and probation being terminated, in violation of the Americans with Disabilities Act of 1990.

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.

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.

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

SIGNATURE OF COMPLAINANT

2 April 2001
Carlos A. Mangual

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Month, day and year)

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

RECEIVED
FLORIDA COMMISSION ON
HUMAN RELATIONS

Florida Comm. on Human Relations
Bldg. F, Suite 240
325 John Knox Road
Tallahassee, Florida 32303

DATE 04/04/2001

EEOC CHARGE 150A11681

FEPA CHARGE

01 APR 12 PM 3:10

FOR DUAL FILING

SUBJECT: CHARGE TRANSMITTAL

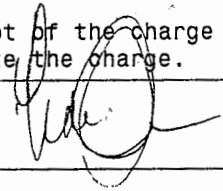
Mangual, Carlos A v. Miami Dade County Consumer Service
(Charging Party) (Respondent)

Transmitted herewith is a charge of employment discrimination initially received by the:

EEOC _____ on 04/02/2001
(Name of FEPA) (Date of Receipt)

- Pursuant to the worksharing agreement, this charge is to be initially investigated by the EEOC.
- Pursuant to the worksharing agreement, this charge is to be initially investigated by the FEPA.
- The worksharing agreement does not determine which agency is to initially investigate the charge.
- EEOC requests a waiver FEPA waives
- No waiver requested FEPA will investigate the charge initially

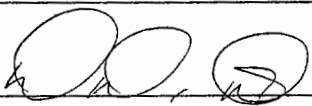
Please complete the bottom portion of this form to acknowledge receipt of the charge and, where appropriate, to indicate whether the Agency will initially investigate the charge.

TYPED NAME OF EEOC OR FEPA DIRECTOR	SIGNATURE
Federico Costales	

Mangual, Carlos A v. Miami Dade County Consumer Service
(Charging Party) (Respondent)

To whom it may concern:

- This will acknowledge receipt of the referenced charge and indicate this Agency's intention to initially investigate the charge
- This will acknowledge receipt of the referenced charge and indicate this Agency's intention not to initially investigate the charge
- This will acknowledge receipt of the referenced charge and request a waiver of initial investigation by the receiving agency.
- This will acknowledge receipt of the referenced charge and indicate this agency's intention to dismiss/close/not docket the charge for the following reason:

TYPED NAME OF EEOC OR FEPA DIRECTOR	SIGNATURE
Derick Daniel	

DATE

TO: MIAMI DISTRICT OFFICE
One Biscayne Tower, Suite 2700
2 South Biscayne Blvd.
MIAMI, FLORIDA 33131

EEOC CHARGE 150A11681

FEPA CHARGE