

03-0196

AMENDED CHARGE OF DISCRIMINATION		FCHR No. J. Moran	
Name (Indicate Mr., Ms., or Mrs.) Felice Knotts		Social Security #	Date of Birth 5-15-39
Street Address P. O. Box 114		Home Telephone Number (area code) 904/698-2284	
City, State, and Zip Code Crescent City, FL 32122-0114		Work (if possible to call you there)	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name North Florida Reception Center Hospital	No. of Employees 15+	Telephone No. 904/496-6000	
Street Address P.O. Box 628	City, State, and Zip Code Lake Butler, FL 32054	County Union	
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 checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8/7/00	

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

I. Personal Harm:
On August 7, 2000 I was forced to resign from my position as a Registered Nurse Supervisor.

II. Respondent's Reasons for Personal Harm:
I was told that I had to resign or face investigation which could lead to jail time and loss of my nursing license. I brought in underwear for the female patients.

III. Discrimination Statement:
I believe I have been discriminated against because of my Disability, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended and Title VII of the Federal Civil Rights Act for the following reasons:

1. During my employment with Respondent I was singled out for discipline. For example, I complained on numerous occasions about other employees (some of whom were my subordinates) who chronically late or refusing to perform their work duties, my complaints went ignored and I was eventually written up for failing to get along with the other employees. To my knowledge, I was the only disabled employee at my work site.
2. My supervisor (Nancy Moore) was aware of my disability. I requested accommodation in the form of a chair. My supervisor responded that she needed to check with the Director of Nursing and get back with me. She never did follow up with me on that issue.
3. The officers in the hospital received special risk pay and I do not. I spent more time in direct contact with the inmates than the officers did. I was also not paid \$1.50 more for being a charge nurse.
3. I was forced to resign for bringing in contraband items (women's underwear). The patients were wearing men's shorts. However, numerous employees have brought in dangerous contraband such as knives, can openers and hemostats without being reprimanded or disciplined.

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**

Felice Knotts 4/18/01