

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

02-2662

CHARGE OF DISCRIMINATION		02 JUL -3 PM	FCHR No. 2102011
(Indicate Mr., Ms., Mrs.) L. ROGER CARTER		ADJ Social Security Number 250 13 7619	Date of Birth 12/07/56
Address Woodrow Avenue Apt. 2, Tallahassee, FL 33770		Home Telephone (Include Area Code) (727) 518-7150	
State, and Zip Code Tallahassee, FL 33770		Work (If possible to call you there) None	
Name of the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
US XPRESS, INC.		Telephone Number (area code) (423) 510-3000	
Address WENKINS ROAD		City, State, and Zip Code CHATTANOOGA, TN 37421	County Hamilton
Type of Discrimination Based on (Check appropriate box(es)) RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARRITAL STATUS <input checked="" type="checkbox"/> RETALIATION		Date Most Recent or Continuing Discrimination Took Place. (month, day, year) May 19, 2000	
PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): <u>Personal Harm:</u> On May 19, 2000, I was terminated by U.S. Express Trucking, Inc. <u>Respondent's Reason for Personal Harm:</u> US Xpress (John Smith) claimed I falsified a physical medical form. I did not falsify any form. <u>Discrimination Statement:</u> I believe I was discriminated against because of my handicap and workers' compensation injury in violation of the Florida Civil Rights Act of 1992.			
I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).			
Advise the agency if I change my address or telephone number and I will cooperate fully with them in the proceeding of my charge in accordance with their procedure.			
In the event of 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 5/2/01	
			