

02-0465

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

RECEIVED

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AMENDED CHARGE OF DISCRIMINATION FCHR No. 2102362 J.M.

Name (Indicate Mr. Ms. or Mrs.) Linda D. Chesser Social Security # 281 17 0128 Date of Birth 8 11 53

2001 JUN 16 AM 7:36

Street Address 6802 Penny Road Home Telephone Number (area code) 850 763 2847

City, State, and Zip Code Panama City FL 32404 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 Imperial Furniture Co. Number of Employees 15+ Telephone Number 850 763 2847

Street Address 540 Harrison Avenue City, State and Zip Code Panama City FL 32401 County Bay

CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es) DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 6 8 00

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

I. Personal Harm: On June 8, 2000 I was terminated from my position with Respondent.

II. Respondent's Reason for Personal Harm I was told that I would not be able to do the job with one hand.

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 for the following reasons:

- 1. I was never given the opportunity to perform the duties I was actually hired for. Doris Hudson, Office Manager, had me to do some typing since the person who was to train me was out. I had specifically asked during my interview if typing would be required, and had been assured that my input would be on a computer program, mostly numerical. I was not comfortable with the using a typewriter so I took my time to make sure I was accurate.
2. After a few minutes Ms. Hudson asked me why I only used one hand to type. I briefly explained the nature of my disability. Her response was "you can't do this job with one hand." I told her that I had worked with computers on previous jobs, but nothing I said could convince her otherwise. I was ultimately told to clock out.

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

Linda D. Chesser

6-15-01