

FLOIDA COMMISSION ON HUMAN RIGHTS

15 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

|   |                           |  |
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| <b>AMENDED CHARGE OF DISCRIMINATION</b> | FCHR No. 2101033 J. Moran |  |
|---|---------------------------|--|

|   |                   |                          |
|---|-------------------|--------------------------|
| Name (Indicate Mr., Ms., or Mrs.)<br>Mandy Gibson | Social Security # | Date of Birth<br>5 17 79 |
|---|-------------------|--------------------------|

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|   |   |
|---|---|
| Street Address<br>5425 Boat Race Road Lot D-1 | Home Telephone Number (area code)<br>850 248 3079 |
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DIVISION C  
ADMINISTRATIVE  
HEARINGS

|  |                                      |
|--|--------------------------------------|
| City, State, and Zip Code<br>Parker FL 32404 | Work (if possible to call you there) |
|--|--------------------------------------|

03-2458

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

|  |                         |                               |
|--|-------------------------|-------------------------------|
| Name<br>Harvest Christian Childcare Center | No. of Employees<br>15+ | Telephone No.<br>850/271-9746 |
|--|-------------------------|-------------------------------|

|                                      |   |               |
|--------------------------------------|---|---------------|
| Street Address<br>3238 E Highway 390 | City, State, and Zip Code<br>Parr 32405 | County<br>Bay |
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| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))<br><input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY<br><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<br>(month, day, year) 1/10/01 |
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**THE PARTICULARS ARE** (If additional space is needed, attach extra sheet(s):

**I. Personal Harm:**  
On January 10, 2001 I was terminated from my position as a Teacher.

**II. Respondent's Reasons for Personal Harm:**  
I was told by my director that I was negative toward the children.

**III. Discrimination Statement:**  
I believe I have been discriminated against because of my Sex - Pregnancy 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. Before I notified my employer that I was pregnant, I had no problems. On October 30, 2000 I told Angela Robinson, Director, that I had something to talk to her about. She stated "I hope you are not quitting." I told her that I was not quitting, but that I was pregnant. She replied "well I can't fire you cause you are pregnant." She didn't look too happy about it.
2. On approximately November 14, 2000, Ms. Robinson told me that the Pastor, John Ramsey, told her I was negative towards the children. I met Pastor Ramsey on October 10, 2000, the day I was hired, and had not seen him since.
3. From November to December there was a virus running through the day care. Several people were getting sick. According to the handbook, we are not to report to work if we have a communicable illness that includes vomiting, fever, etc. When I had to call in due to these symptoms, I was told "well that is all a part of pregnancy" and that I was not sick.
4. On January 10, 2001, I was discharged. The disciplinary procedures, which include a written reprimand and formal probation, were not followed. Additionally, I have observed a co-worker (Nicole Morris) who is constantly verbally abusive towards the children in her care. She has grabbed even children by the arms. She has not been 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.<br>SIGNATURE OF COMPLAINANT | DATE |
|---|------|

FLOP A COMMISSION ON HUMAN RE TIONS

325 John Knox Road, Suite 240, Building 1

Tallahassee, Florida 32303-4149

|   |  |   |                          |
|---|--|---|--------------------------|
| AMENDED CHARGE OF DISCRIMINATION                          |  | FCHR No.  |                          |
| Name (Indicate Mr., Ms., or Mrs.)<br>Mrs. Mandy M. Gibson |  | Social Security #                                   | Date of Birth<br>5-17-79 |
| Street Address<br>5425 Boat Race Rd                       |  | Home Telephone Number (area code)<br>(850) 248-3079 |                          |
| City, State, and Zip Code<br>Parker, FLA 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<br>Harvest Christian Childcare Center | No. of Employees<br>15+                           | Telephone No.<br>(850) 271-9746 |
| Street Address                             | City, State, and Zip Code<br>Lynn Haven, FL 32444 | County<br>Bay                   |

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| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))<br><input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY<br><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)<br>Jan. 10, 2001 |
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. Personal Harm: I worked for Harvest Christian Childcare Center as a teacher from Oct. 10, 2000 until Jan. 10, 2001

II. Respondent's Reasons for Personal Harm: I was informed by my immediate director via personally I was being fired because I was negative towards the children.

III. Discrimination Statement: I believe I was discriminated against because of my sex which is in violation of Florida Statute 760.10 for the following reasons

1. I feel I was discharged because of my condition of pregnancy

JAN 29 PM 3:40  
 DIVISION OF  
 ADMINISTRATION  
 HEARINGS

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: Mandy M. Gibson  
 DATE: Jan. 27, 2001