

Received Event (Event Succeeded)

Date: 2/27/02 Time: 10:16 AM
Pages: 4 Sender: 8504879397
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FL COMM HUMAN RELAT Fax:8504879397 Feb 27 2002 10:27 P.01



State of Florida

Florida Commission on Human Relations
An Equal Opportunity Employer • Affirmative Action Employer



TELEFAX TRANSMITTAL MEMORANDUM
FCHR FAX NUMBER: (850) 922-3026

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Form containing fields: DATE: February 27, 2002; TO: Joyce Lambert; Recipients Facsimile No. 921-6847; FROM: Denise Crawford; Total Number of Pages Transmitted Including Cover Page: 4; Original to Follow: By Mail, By Courier, Not to Follow; Comments: Enclosed per our discussion this morning, are the copies of the discrimination charges in Hector 02-0553, Normil 02-0571, and Exantus 02-0572.

CONFIDENTIAL AND PRIVILEGED

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Sent By: AUGSPURGER AND ASSOC PA; 561 391 4668; Feb-27-02 10:04AM; Page 2/4

<b>CHARGE OF DISCRIMINATION</b>		AGENCY <input checked="" type="checkbox"/> FEPA <input type="checkbox"/> EEOC	CHARGE NUMBER 100723 15MA10262
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			

Palm Beach Co. Ofc. Of Equal Opp. and EEOC  
*State or local Agency, if any*

NAME (Indicate Mr., Ms., Mrs.) <b>Mr. Carl Normil</b>	HOME TELEPHONE (Include Area Code) <b>(561) 272-3525</b>
STREET ADDRESS CITY, STATE AND ZIP CODE <b>1034 Sunset Avenue, Delray Beach, FL 33444</b>	
DATE OF BIRTH <b>04/07/1963</b>	

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 <b>BFI Waste Systems Of North America</b>	NUMBER OF EMPLOYEES, MEMBERS <b>Cat A (15-100)</b>	TELEPHONE (Include Area Code) <b>(561) 278-1104</b>
STREET ADDRESS CITY, STATE AND ZIP CODE <b>1475 S.W 4th Avenue, Delray Beach, FL 33444</b>		COUNTY <b>099</b>

NAME <b>Bfi Waste Systems Of North America</b>	TELEPHONE NUMBER (Include Area Code)
STREET ADDRESS CITY, STATE AND ZIP CODE <b>15880 N. Greenway-Hayden Loop, Scottsdale, Az 85260</b>	
COUNTY <b>013</b>	

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST
<input type="checkbox"/> RACE <input type="checkbox"/> RETALIATION <input type="checkbox"/> COLOR <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> RELIGION <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> NATIONAL ORIGIN	<b>06/05/2001 06/05/2001</b> <input type="checkbox"/> CONTINUING ACTION

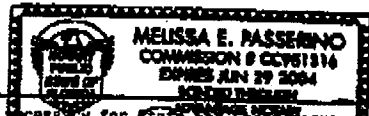
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I am an Haitian/African American male. I worked for the above-named employer as a Truck Driver until I was fired on June 5, 2001.

The reason given by employer, "there is no job available for you anymore".

I believe that I have been discriminated against because of national origin (Haitian), and I believe that my employer's actions are in violation of Article VI, Sections 2-261 thru 2-313 Palm Beach County Code (the Palm Beach County Equal Employment Ordinance), Title VII of the Civil Rights Act of 1964 and the Florida Civil Rights Act of 1992, as amended, for the following reasons:

1. Although I did not receive any warnings, I was fired without notice. I was told by my supervisor (non-Haitian) that "he wanted to get rid of all the Haitians," that "he was tired of the Haitian people" and that "he was going to fire the Haitians one by one."
2. I complained to management, but no action was taken to correct this situation.
3. My employer (non-Haitian) made known his dislike for Haitians.
4. I believe that I and several other Haitian employees were fired because of our national origin (Haitian).



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 required 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

7/24/01

*[Signature]*  
 Charging Party (Signature)

SUBSCRIBED AND SWORN TO-BEFORE ME THIS DATE  
 (Month, day and year)  
 July 24th 2001