

25 John Knox Road, Suite 240, Building F  
Tallahassee, Florida 32303-4149

RECEIVED  
FLORIDA COMMISSION ON  
DISCRIMINATION  
FCHR No.

02-3497

CHARGE OF DISCRIMINATION

Name (Indicate Mr., Ms., or Mrs.) Ms. Aurora Ramirez		Division of Administrative Hearings	01 SEP 21 2002 Security Number 459-29-4147	Date of Birth 01/4/1965
Home Address 4697 Kingston Drive		<b>FILED</b> 9/10/02	Home Telephone Number (area code) (85) 453-2582	
City, State, and Zip Code Pensacola Florida 32526			Work (if possible to call you there)	
Name of the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.				

Name United Cerebral Palsy, Inc.	No. of Employees 25 - 50	Telephone No. (area code) (850) 453-2582
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Home Address 2912 North E Street	City, State, and Zip Code Pensacola, FL 32501	County Escambia
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TYPE OF DISCRIMINATION BASED ON (Check appropriate box (es)) RACE <input checked="" type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/>	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
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PARTICULARS ARE (If additional space is needed, attach extra sheet(s))

**Personal Harm:**  
I was subjected to sexual advances by my supervisor. The supervisor was dating another employee. I was subjected to adverse job consequences because of this. I complained and then I was fired.

**Respondent's Reasons for Personal Harm:**  
The respondents did not investigate. The respondents protected the harrasser and fired me.

**Discrimination Statement:**  
I believe that I was discriminated against because of my sex, national origin, and color. Also, I was subjected to retaliation. The above named harrasser was a white male, and his girlfriend/employee was a white female. I am a Hispanic female with a brown complexion. When I began to complain about the sexually hostile environment, I was fired. Also, when I attempted to get unemployment compensation, my employer conspired in an attempt to deny me my benefits.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED UNDER THE LAW(S).

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  
*Aurora Ramirez*

DATE  
8/23/01