

03-3572

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

FEPA
 EEOC

03
OCT 3 1991
and EEOC
AM 9:28
DIVISION
ADMINISTRATIVE

Florida Commission on Human Relations
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Ms. Alisha Morris

850-627-8767

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

122 Davis Street

Quincy, FL 32351

7/27/77

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

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Assisted Living Concepts, Inc.

+15

850-875-1334

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1125 Strong Road

Quincy, FL 32351

Gadsden

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE

EARLIEST

LATEST

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)

Approx
4/23/01 5/23/01

CONTINUING ACTION

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

See attached sheet.

* Assisted Living Concepts, Inc. d/b/a The Magnolia House

RECEIVED
FLORIDA COMMISSION ON
HUMAN RELATIONS
01 SEP 13 PM 12:18

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 necessary 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

Alisha T. Morris

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

Sept. 13, 2001

Brenda Blackburn

MY COMMISSION # CC69201 EXPIRES

January 2, 2002

Date

9/13/01

Charging Party (Signature)

[Signature]



BONDED THRU TROY FAIN INSURANCE, INC.
FILE COPY

I. Personal Harm

I was subjected to a hostile working environment caused by my supervisor, Pam Winans. She constantly harassed me and ultimately terminated me because of my pregnancy.

II. Respondent's Reason for Personal Harm

Respondent initially stated that I was terminated for "confrontation" and "physical appearance" but later told me that that was not the reason.

III. Discrimination Statement

I believe I was discriminated against based on pregnancy and gender and retaliation for the following reasons:

1. For the first three weeks of employment I was constantly praised for my work on a regular basis. An employee let it slip that I was pregnant and my supervisor's attitude immediately changed towards me. She told me I was deceitful for not telling her I was pregnant when she hired me.
2. Ms. Winans continued to speak to me harshly and made me perform duties such as lifting a patient numerous times in one day and changed my schedule so that I could not continue working at another job that I had been doing all along.
3. Ms. Winans terminated me because of my pregnancy.
4. This discriminatory treatment is a violation of the Florida Civil Right Act of 1992, Chapter 760, Florida Statutes, and Title VII of the civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e et seq.

I seek relief including but not limited to back pay, front pay and other lost benefits, compensatory damages for the injury I have suffered and punitive damages to deter future conduct by and punish the Respondent.