

FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

02-2142

CHARGE OF DISCRIMINATION		FCHR No. FILED
Name (Indicate Mr., Ms., or Mrs.) Mr. Johnnie Davis		Social Security Number Date of Birth 264-61-3022 07-16-60
Street Address 1705 School St. 1105 School St		Home Telephone Number (area code) (321) 633-6537
City, State, and Zip Code Cocoa, Florida 32922		Work (if possible to call you there) N/A

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

Name Lubricators of Rockledge, Inc.	No. of Employees 15+	Telephone No. (area code) (321) 633-4595
Street Address 19 Barton Blvd, Rockledge, Florida 32955		City, State, and Zip Code Brevard

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)] <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input 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 checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) September 22, 2000
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

- I. PERSONAL HARM:
Please see attached
- II. RESPONDENT'S REASON FOR PERSONAL HARM:
Please see attached
- III. DISCRIMINATION STATEMENT:
Please see attached

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 HUMAN RELATIONS
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REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAWS

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

Johnnie Davis Jr

9/13/01