02-3576

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

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FLORIDA COMMISSION ON HUMAN RELATIONS

CHARGE OF DISCRIMINATION	FCHR No. J.M.M
Name (Indicate Mr. Ms. or Mrs.) Mr. Ronnie Smith	**Social Security #** 266-65-7511 / **Date of Birth** 11-26-62
Street Address P.O. Box 1243	**Home Telephone Number (area code)** (850) 627-3793
City, State, and Zip Code Quincy, FL 32351	**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	Number of Employees	Telephone Number
Tallahassee Community Hospital	15+	(850) 656-5050
Street Address 2626 Capital Medical Blvd.	**City, State and Zip Code** Tallahassee, FL 32317	**County** Leon

CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es)
☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ DISABILITY
☐ NATIONAL ORIGIN ☐ AGE ☐ MARITAL STATUS ☒ RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 9-7-01

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

I. Personal Harm:
I was denied promotional opportunities with Respondent. I was subjected to different terms and conditions than other employees and I was constructively discharged.

II. Respondent's Reason for Personal Harm
I was not given a reason for actions taken.

III. Discrimination Statement:
I believe I have been discriminated against because of my race (black) and retaliation which is in violation of Chapter 760 of the Florida Civil Rights Act as amended and Title VII for the following reasons:

1. I had been employed with Respondent for 13 years but I was in the Surgery Department for 1 year. I was denied promotional opportunities for a Scrub position. A white employee was given the opportunity to train for that position.
2. I was told that I could only take a 15-minute and had to stay within my department. Other employees (white) were allowed to go outside to smoke, sit in the break room and drink coffee and take breaks whenever they got ready.
3. On July 27, 2001, I spoke with the CEO to voice my concerns about what was going on in the department. On that same day, the Director of the Department, Janice, called me in her office and wrote me up. She stated that she was giving me a write up because I was defensive, got overtime and that I stayed in the bathroom 45 minutes. I was not the only employee that received overtime.
4. On September 7, 2001, I turned in my resignation letter. I believe I was forced to resign. The Director always complained about my work performance. She eventually gave me a bad evaluation. My last day with TCH is September 28, 2001.

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 — **DATE**

Ronnie Smith — 9/18/01