

FLC DA COMMISSION ON HUMAN R ATIONS  
 5 John Knox Road, Suite 240, Buik , F  
 Tallahassee, Florida 32303-4149

03-0768

<b>AMENDED CHARGE OF DISCRIMINATION</b>		<b>ECHR No.</b> 2102980	<b>J.M.M.</b>
<b>Name (Indicate Mr. Ms. or Mrs.)</b> Ms. Karen M. Schultz		<b>Social Security #</b>	<b>Date of Birth</b> 8-5-44
<b>Street Address</b> 9317 Trowbridge Court		<b>Home Telephone Number (area code)</b> (727) 376-2612	
<b>City, State, and Zip Code</b> Newport Richey, FL 34655		<b>Work (if possible to call you there)</b> ADMINS HEARINGS	
<b>List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.</b>			
<b>Name</b> G.E. Smart Water	<b>Number of Employees</b> 15+	<b>Telephone Number</b> (800) 523-7918	
<b>Street Address</b> US 19	<b>City, State and Zip Code</b> Port Richey, FL 34655	<b>County</b> Pasco	
<b>CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es)</b> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		<b>DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE</b> (month, day, year) 7-25-01	

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

**I. Personal Harm:**  
 On July 25, 2001, I was scheduled to begin work with G.E Smart Water. I was unable to start work because they did not accommodate my disabilities.

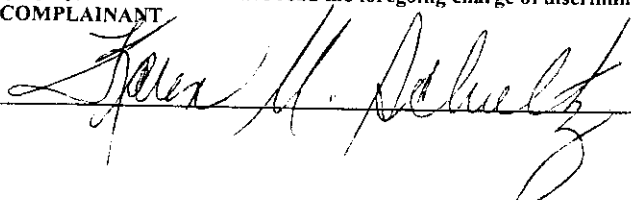
**II. Respondent's Reason for Personal Harm:**  
 I was not given a reason for actions taken.

**III. Discrimination Statement:**  
 I believe I have been discriminated against because of my disability which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. I requested a headset after I was hired because I have Carpal Tunnel Syndrome in my hands. After a couple of minutes, my hands would go numb and tingly which causes extreme pain. He told me that he could not supply me with a headset and that I would have to buy my own. The cost of the headset was \$95.00.
2. I also requested a certain chair with wheels because the current chairs had long metal legs on them. I told him that I have plates and screws in my left ankle and could not push the chair with my feet. He told me they did not have any chairs like that. He told me that if he gave me a chair with wheels, someone else could take it if they came in earlier. He told me that I could buy my own chair. I told him that I could not afford it and he told me that he could not do anything else different.
3. I believe I was discriminated against because they did nothing to accommodate my disabilities.

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**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** 9/23/01