

FLORIDA COMMISSION ON HUMAN RELATIONS

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

02-4502

<b>AMENDED CHARGE OF DISCRIMINATION</b>		FCHR No. 2103177 <sub>2</sub>	A.P.T.
Name (Indicate Mr. Ms. or Mrs.) Ms. Christine Harris		Social Security # 267-65-6659	Date of Birth 01-18-61
Street Address 115 E. 4 <sup>th</sup> Avenue # 202		Home Telephone Number (area code) 352-383-9854 482-2011	
City, State, and Zip Code Mt. Dora, Florida 32757		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 Children's Home Society	Number of Employees 15+	Telephone Number	
Street Address P.O. Box 10097	City, State and Zip Code Jacksonville, Florida 32247	County Lake	
CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es) <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		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 03-15-01	

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

**I. Personal Harm:**

While I was out on sick leave my position was filled

**II. Respondent's Reason for Personal Harm**

Linda Barry, Director of Human Resources, advised me that all vacant positions must be filled.

**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 underwent emergency surgery on January 12, 2001. I was released to my home for rehabilitation on January 15, 2001.
2. On January 16, 2001, a co-worker advised me that my position was advertised in the newspaper. I was not advised by the Respondent of the advertisement.
3. On February 23, 2001 I was released to transition back in the work place. At this time, a letter was forwarded to me by Human Resources Director Linda Barry, which stated that there was no job for me in the division. Further, it stated that I could apply as a new employee for any open position, if a position was open.
4. All of my medical absences were on my Doctor's orders.

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

*Christine Harris*

9/29/01