

FLC COMMISSION ON HUMAN RIGHTS

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

02-3249

CHARGE OF DISCRIMINATION		FCHR No.	NW
Name (Indicate Mr. Ms. or Mrs.) Donna Williams		Social Security # 263-79-0975	Date of Birth 10/03/75
Street Address 516 W. Mission Road, Apt. #125		Home Telephone Number (area code) 850-575-6346	
City, State, and Zip Code Tallahassee, Florida 32305		Work (if possible to call you there)	

01 OCT 15 PM 12:50

ADMINISTRATIVE HEARINGS DIVISION 2:05

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

Name Taco Bell	Number of Employees 15+	Telephone Number 850/656-9166
Street Address 3529 Apalachee Parkway	City, State and Zip Code Tallahassee, Florida 32311	County Leon

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) 10/09/01
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:
I was denied hiring on October 9, 2001. I had previously worked for Respondent at another location.

II. Respondent's Reason for Personal Harm
Ms. Sylvia (LNU), General Manager, told the person interviewing me (Jerome) to tell me that I couldn't be rehired.

III. Discrimination Statement:
I believe I have been discriminated against because of my disability which is in violation of Title VII of the Federal Civil Rights Act of 1964; Florida Civil Rights Act of 1992, as amended; the Americans with Disabilities Act (ADA); Chapter 760 of the Florida Statutes for the following reasons:

1. I believe that the GM didn't want to hire me because of my disability.
2. It has been over a year since I left the other location. The reason I left was because I wasn't getting but 2 or 3 hours a day not because of any problems.
3. My disability did not limit me from during my job, which was a Cashier.

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: Donna Williams DATE: 10-15-01