

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

NW

Date Stamp (FCHR Use Only)

02-2749

02 JUL 11 01 NOV 19 PM 2:20

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2103171	NW
Name (Indicate Mr. Ms. or Mrs.) Mr. Ray Mayo		Social Security # 58-62-8014	Date of Birth 04/27/62
Street Address 708 S.W. Second Street		Home Telephone Number (area code) 352/598-1533	
City, State, and Zip Code Ocala, Florida 34474		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 Dayco Products, Inc.	Number of Employees 15+	Telephone Number 352/732-6191
Street Address 3100 S.E. Maricamp Road	City, State and Zip Code Ocala, Florida 34476	County Marion
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 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) 12/01/00

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

I. Personal Harm:

I was terminated from my position as Molder on December 1, 2000. I was subjected to different terms and conditions than my white co-workers.

II. Respondent's Reason for Personal Harm

I was told that I was terminated for violating company's drug policy and misconduct connected with work.

III. Discrimination Statement:

I believe I have been discriminated against because of my race, black and disability which is in violation of Title VII of the Federal Civil Rights Act of 1964; Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for the following reasons:

1. Every black worker I knew that was on Worker's Comp was fired including me.
2. I was treated differently than my white co-workers in that some of them have tested positive for drugs and didn't have to endure the things I was required to do.
3. I have never tested positive for any drugs yet I was terminated when others were not disciplined at all.

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

Ray Mayo

DATE 11-16-01