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**199611 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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TABLE OF CONTENTS | 199611 TBD.C

| <b>ID</b> | <b>Caption</b>                     | <b>Page</b> |
|-----------|------------------------------------|-------------|
| 001       | <i>Garland v. DOS</i>              | 3           |
| 002       | <i>Bollinger v. DEP</i>            | 5           |
| 003       | <i>Gainey v. Campo Electronics</i> | 7           |
| -         | Appendix                           | 9           |



**199611 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Garland v. DOS*

**CITATION:** 199611 TBD.C 001

**DATE:** 3/10/1996

**STATE:** FL

**CASE NO:** 1997-J074 (FCHR)  
00-001797 (DOAH)

**CASE TYPE:** Employment Discrimination

| age | col | dis | fam | mar | nat | rac                                 | rel | ret | sex | unk |
|-----|-----|-----|-----|-----|-----|-------------------------------------|-----|-----|-----|-----|
|     |     |     |     |     |     | <input checked="" type="checkbox"/> |     |     |     |     |

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FLORIDA COMMISSION ON HUMAN RELATIONS

John Knox Road, Suite 240, Building  
Tallahassee, Florida 32399-1570

60-1797

**FILED**

|   |   |                                      |
|---|---|--------------------------------------|
| RM  | CHARGE OF DISCRIMINATION                  | FCHR No. 97-J074                     |
| Name (Indicate Mr., Ms., or Mrs.)<br>Ms. Tammi M. Garland | 00 APR 27 PM 3:20                         | Telephone No. (area code)            |
| Street Address<br>263 Ross Rd.                            | DIVISION OF<br>ADMINISTRATIVE<br>HEARINGS | Home<br>904-671-2648                 |
| City, State, and Zip Code<br>Tallahassee, FL 32310        |   | 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<br>Florida Dept. of State      | No. of Employees<br>15+                           | Telephone No. (area code)<br>904-487-6000 |
| Street Address<br>409 E. Gaines St. | City, State and Zip Code<br>Tallahassee, FL 32399 | County<br>Leon                            |

|  |   |
|--|---|
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))   | DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) |
| <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP<br><input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION | 10/14/96  |

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

I. PERSONAL HARM  
On October 14, 1996, I was terminated from my position as a Licensing Examiner.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
I received a letter from Mr. Raymond L. Revell, Bureau Chief, stating my termination was due to insubordination and conduct unbecoming a public employee.

III. DISCRIMINATION STATEMENT  
I believe I have been discriminated against because of my race, black. I believe my rights have been violated under Title VII of the Civil Rights Act of 1964 as amended and the Florida Civil Rights Act of 1992 as amended.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S).

1997 MAR 10 AM 9 50  
RECEIVED



Angel L. Diaz  
MY COMMISSION # CG550123 EXPIRES  
April 24, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.

|   |   |
|---|---|
| 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.<br>FL DC LIC 6045-813-61-879-0 | NOTARY-- (Required for Filing)<br>SUBSCRIBED AND SWORN TO BEFORE ME |
| SIGNATURE OF COMPLAINANT<br>Tammi M. Garland  | DATE<br>3-10-96   |
| [Signature] 10th OF April 1997  |   |

**199611 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Bollinger v. DEP*

**CITATION:** 199611 TBD.C 002

**DATE:** 3/12/1996

**STATE:** FL

**CASE NO:** 96-A876 (FCHR)

00-000405 (DOAH)

**CASE TYPE:** Employment Discrimination

| age                                 | col | dis                                 | fam | mar | nat | rac | rel | ret | sex | unk |
|-------------------------------------|-----|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |     |     |     |     |     |     |     |     |

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**FLORIDA COMMISSION ON HUMAN RELATIONS**  
 325 John Knox Road, Suite 240, Building F  
 Tallahassee, Florida 32303-1149

00-405

AMENDED

|  |  |   |               |
|--|--|---|---------------|
| Name<br><b>CHARGE OF DISCRIMINATION</b>                      |  | FCHR No. 96-A876                                  |               |
| Home (Indicate Mr., Ms., or Mrs.)<br>Mr. Edwin Roy Bollinger |  | Social Security Number                            | Date of Birth |
| Street Address<br>6372 Alderwood Plaza                       |  | Home Telephone Number (area code)<br>612-578-3067 |               |
| City, State, and Zip Code<br>Woodbury, MN 55125              |  | Work (if possible to call you there)              |               |

JAN 25 AM 9:20  
 DIVISION OF ADMINISTRATIVE HEARINGS

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

|  |   |                                    |
|--|---|------------------------------------|
| Name<br>Florida Dept. of Environmental Protection<br>Division of Law Enforcement | No. of Employees<br>15+                                 | Telephone No. (area code)<br>----- |
| Street Address<br>3900 Commonwealth Blvd., MS 675                                | City, State, and Zip Code<br>Tallahassee, FL 32399-3000 | County<br>Dade                     |

|   |   |
|---|---|
| CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))  | DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) |
| <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY<br><input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION | 03/31/95  |

- I. PERSONAL HARM  
I was terminated on 3/31/95.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION  
Respondent states that it was for poor paperwork, however a female officer had worse paperwork than I did and she was not disciplined.

III. DISCRIMINATION STATEMENT  
 I believe I have been discriminated against because of my Age, for the following reasons:

Most of the older workers were forced out of their position during and after the period I was terminated. I feel the prior harassment and disciplinary actions against me were to get me to resign so they could hire younger workers.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, 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. | NOTARY- (Required for Filing)     |
|  | SUBSCRIBED AND SWORN TO BEFORE ME |
| SIGNATURE OF COMPLAINANT   | DATE                              |
| SIGNATURE ON FILE  | 3/12/96                           |
| _____ OF _____, 19____   |                                   |

1

**199611 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Gainey v. Campo Electronics*

**CITATION:** 199611 TBD.C 003

**DATE:** 3/15/1996

**STATE:** FL

**CASE NO:** 96-A975 (FCHR)

00-001795 (DOAH)

**CASE TYPE:** Employment Discrimination

| age                                 | col | dis | fam | mar | nat | rac | rel | ret                                 | sex | unk |
|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-------------------------------------|-----|-----|
| <input checked="" type="checkbox"/> |     |     |     |     |     |     |     | <input checked="" type="checkbox"/> |     |     |

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00-1795  
 RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS

**CHARGE OF DISCRIMINATION FILED.**

FCHR No. 9619975  
 1996 MAR 15

00 APR 27 PM 3:21

Social Security Number  
 Date of Birth 1-5-47 30

Name (Indicate Mr., Ms., or Mrs.)

MR Willie R. GAINES

Street Address

833 W. Pierson Dr

DIVISION OF ADMINISTRATIVE HEARINGS

Home Telephone Number (area code)

904 2658058

City, State, and Zip Code

LYNN HAVEN, FL 32444

Work (if possible to call you there)

List the public lodging and/or public food service facility which discriminated against you.

Campo Electronics, Appliances and Computers, INC

Name

Campo Electronics, App. and Comp INC Approx 25 local

No. of Employees

Telephone No. (area code)

904 7856261

Street Address

525 W. 23rd St

City, State, and Zip Code

Panama City, FL 32444

County

Bay

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)  
 2-17-96

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

I. PERSONAL HARM:

LOSS OF INCOME, EMBARRASMENT, BY TRUMPING UP DIRT TO PUT on my record it degrades my character.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

III. DISCRIMINATION STATEMENT:

Panama City Campo has intentionally moved to have an image of all young-white sales and customer service staff. I believe age was a MAJOR factor in my termination.

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.

SIGNATURE OF COMPLAINANT

DATE

Willie R. (Bill) Gaines 3/14/96

NOTARY- (Required for Filing)  
 SUBSCRIBED AND SWORN TO BEFORE ME



STEPHEN PARRELL  
 My Commission CC433958  
 Expires Mar 10 1999  
 Bonded by NB  
 800-852 5878

14<sup>th</sup> OF March, 1996

Who identified himself by Fl. Dr. license



APPENDIX



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