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**199624 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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**199624 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Davis v. Arbors of Tallahassee*

**CITATION:** 199624 TBD.C 001

**DATE:** 6/12/1996

**STATE:** FL

**CASE NO:** 2000-2624 (FCHR)

00-002624 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00002624062800i05.pdf

**PAGES:** 1



FLORIDA COMMISSION ON HUMAN RELATIONS

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

FILED

00-2624

RM	CHARGE OF DISCRIMINATION	1996 JUN 20 AM 11:54	FCH 00 JUN 28 AM 8:57 B665
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Name (Indicate Mr., Ms., or Mrs.) Ms. Josephine Hayes	Telephone No. (area code) DIVISION OF ADMINISTRATIVE HEARINGS 904-997-2253
Street Address Route 4, Box 4700	Home
City, State, and Zip Code Monticello, FL 32344	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 Arbors at Tallahassee	No. of Employees 15+	Telephone No. (area code) 904-942-9868
Street Address 1650 Phillips Rd.	City, State and Zip Code Tallahassee, FL 32308	County Leon

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 type="checkbox"/> HANDICAP <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) 03/31/95
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THE PARTICULARS ARE (if additional space is needed, attach extra sheet(s))

I. PERSONAL HARM  
On March 31, 1995, I was terminated from my position as a Certified Nurses Aide.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
No reason was given.

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

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

DAWN F. STAFF  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires 12/31/96  
Commission No. 00202713

*Jefferson C. Fl.*  
NOTARY-- (Required for Filing)

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 <i>Josephine Hayes</i>	DATE 6/18/96	SUBSCRIBED AND SWORN TO BEFORE ME by Josephine Hayes who produced A. Dr. Lic # 1200-422-57-650-0 18th of June Dawn F. Staff 1996
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**199624 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Murdock v. Harris Sanitation*

**CITATION:** 199624 TBD.C 002

**DATE:** 6/13/1996

**STATE:** FL

**CASE NO:** 98-0209 (FCHR)

00-001131 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00001131031300i01.pdf

**PAGES:** 2



00-1131 2

CHARGE OF DISCRIMINATION		HR No. 98-0209
Name (Indicate Mr., Ms., or Mrs.) CRYSTAL MURDOCK		Telephone No. (area code) (407) 952-5643
Street Address 387 Carol Drive NE		Home (407) 952-5643
City, State, and Zip Code Palm Bay, FL 32907		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 HARRIS SANITATION, INC.	No. of Employees	Telephone No. (area code) (407) 723-4455
Street Address 7382 Talona Drive	City, State and Zip Code West Melbourne, FL 32904	County BREVARD

CAUSE OF DISCRIMINATION BASED ON (check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <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)    July 1995
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s))

See attached AFFIDAVIT

8:55 AM  
3/13/00

RECEIVED  
 FLORIDA COMMISSION ON  
 HUMAN RELATIONS  
 1997 OCT 24 PM 1:58

STATE OF FLORIDA )  
 COUNTY OF BREVARD )

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  
 Crystal Murdock    6/13/96  
 CRYSTAL MURDOCK

NOTARY - (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME this 13th day of June, 1996, who personally appeared before and who is personally known to me.

KATHLEEN J. HAYNES  
 NOTARY PUBLIC, STATE OF FLORIDA  
 OFFICIAL NOTARY & KATHLEEN J. HAYNES  
 COMMISSION NUM CC404450  
 MY COMMISSION OCT 2 1996

Attachment to:  
Crystal Murdock  
FCHR #98-0209

PERSONAL HARM

I was employed by Harris Sanitation, Inc. from May 13, 1988 - May 13, 1996. I was sexually harassed in the months of April, May, June and July of 1995 by my supervisor, Darrell Barnes, by exposing his penis to me and by constantly asking me to come to his house for sex when his wife was away, in addition to numerous sexual comments and innuendos. I constantly refused his advances and he began making my work life very difficult. I was discharged on May 13, 1996.

RESPONDENTS REASON FOR ACTION:

The company asserted it was because the truck I was driving required too many repairs.

DISCRIMINATION STATEMENT:

I have been discriminated against on the basis of my gender (female) for the following reasons:

1. I was discharged because Mr. Barnes was angry with me for refusing his sexual advances and gave me bad reviews and induced other employees not to cooperate with me.
2. Mr. Barnes constant preoccupation with and references to sex created a hostile work environment for me.

Sexual harassment is a violation of the Florida Civil Rights Act as stated in Chapter 760, Florida Statutes.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED UNDER THE LAW.

**199624 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Spradlin v. Washington Mutual Bank*

**CITATION:** 199624 TBD.C 003

**DATE:** 6/14/1996

**STATE:** FL

**CASE NO:** 1996-B247 (FCHR)

00-001126 (DOAH)

**CASE TYPE:** Employment Discrimination

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

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**PAGES:** 1





**FLORIDA COMMISSION ON HUMAN RELATIONS**

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

RM	<b>CHARGE OF DISCRIMINATION</b>	FCHR No.	96-B247
Name (Indicate Mr., Ms., or Mrs.) Ms. Chiara Spradlin		Telephone No. (area code)	
Street Address 5802 Mango Rd.		Home 407-683-7380	
City, State, and Zip Code West Palm Beach, FL 33413		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 Great Western Bank	No. of Employees 15+	Telephone No. (area code) 407-471-1577
Street Address 5867 Okeechobee Blvd.	City, State and Zip Code West Palm Beach, FL 33417	County Palm Beach

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 type="checkbox"/> HANDICAP <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	6/21/95

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

I. PERSONAL HARM  
On June 21, 1995, I was terminated from my position as a Teller/Customer Service Representative. I was employed with the company for eight years.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
Excessive Absenteeism.

III. DISCRIMINATION STATEMENT  
I believe I have been discriminated against because of my national origin, Spanish. I believe my rights have been violated under the Florida Civil Rights Act of 1992 as amended.

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

RECEIVED  
FLORIDA COMMISSION ON HUMAN RELATIONS  
1996 JUN 20 AM 11:54

8:54 AM  
3/13/00

OFFICIAL NOTARY SEAL  
JUDITH ANN BRODSKY  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC522524  
MY COMMISSION EXP. JAN. 3, 2000

FILED A 22011861875 10/98

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 <i>Judith Ann Brodsky</i>
SIGNATURE OF COMPLAINANT <i>Chiara Spradlin</i>	DATE 6-14-96
	14 OF 19

**199624 TBD.C 004**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Kahm v. DCFS*

**CITATION:** 199624 TBD.C 004

**DATE:** 6/14/1996

**STATE:** FL

**CASE NO:** 97-2714 (FCHR)

00-004163 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00004163100900i02.pdf

**PAGES:** 1



FLORIDA COMMISSION ON HUMAN RELATIONS  
 325 John Knox Road, Suite 240, Building 1  
 Tallahassee, Florida 32399-1570

02

FILED  
 94-2714  
 AM 8:57  
 DIVISION OF ADMINISTRATIVE HEARINGS

RM	CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.) Mr. Frederick J. Kahm		Telephone No. (area code)
Street Address 4665 S.E. Dogwood Terrace		Home 407-283-7245
City, State, and Zip Code Stuart, FL 34997		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 Florida Dept. of Health & Rehabilit Services	No. of Employees 15+	Telephone No. (area code) 407-223-2500
Street Address 821 Martin L. King, Jr. Blvd. Stuart, FL 34994	City, State and Zip Code	County St. Lucie

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"/> HANDICAP <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) 08/30/95
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. PERSONAL HARM  
 On August 30, 1995, I was terminated from my position as a Secretary.

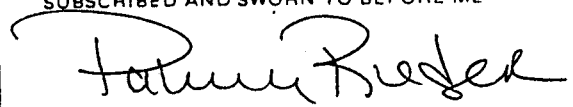
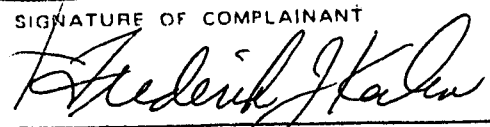
II. RESPONDENT'S REASON FOR ADVERSE ACTION  
 No reason was given.

III. DISCRIMINATION STATEMENT  
 I believe I have been discriminated against because of my Handicap. I believe my rights have been violated under the Americans with Disabilities Act and the Florida Civil Rights Act of 1992 as amended.

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

RECEIVED  
 FLORIDA COMMISSION ON HUMAN RELATIONS  
 1998 JUN 24 PM 12:42

PATRICIA RIEDIGER  
 MY COMMISSION # CC 407878  
 EXPIRES: September 19, 1998  
 Bonded Thru Notary Public Underwriters

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  14 OF June 19 96
SIGNATURE OF COMPLAINANT 	DATE 6/14/96

APPENDIX



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<u>#</u>	<u>Item</u>	<u>Link</u>
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