



199635 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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199635 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Morgan v. La Amistad RTC*

CITATION: 199635 TBD.C 001

DATE: 8/29/1996

STATE: FL

CASE NO: 1997-0211 (FCHR)

00-001133 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32399-1570

80-1133

CHARGE OF DISCRIMINATION	FCHR No. 970211
Name (Indicate Mr., Ms., or Mrs.) Mrs. Barbara J. Morgan	Telephone No. (area code)
Street Address c/o Thomas J. Pilacek & Associates Maitland Green, Suite 110, 601 South Lake Destiny Road Maitland, FL 32751	Home N/A
City, State, and Zip Code	Work (if possible to call you there) (407) 660-9595

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

Name La Amistad R.T.C.	No. of Employees 15+	Telephone No. (area code) (407) 647-0660
Street Address 201 Alpine Drive	City, State and Zip Code Maitland, FL 32751	County Orange

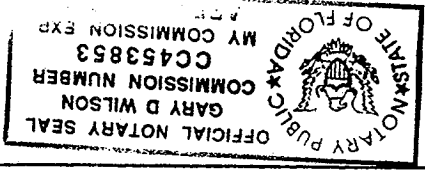
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 7/22/96
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

See attached

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8:56 AM
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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
 Barbara J. Morgan

DATE
 8/29/96

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

Gary D. Wilson

OFFICIAL NOTARY SEAL
 GARY D WILSON
 COMMISSION NUMBER
 CC453853
 MY COMMISSION EXP. APR. 19, 1999

THE PARTICULARS ARE:

I. PERSONAL HARM:

On or about July 22, 1996, I felt compelled to resign my position as Charge Nurse for La Amistad Residential Treatment Center (R.T.C.), as a result of discrimination based upon my perceived handicap/disability (obesity), as well as retaliation for filing my earlier Charge of Discrimination (FCHR Charge No. 95-1864; EEOC Charge No. 15D950765). I had been continuously employed by La Amistad since on or about November, 1990.

II. RESPONDENT'S REASON(S) FOR ADVERSE ACTION:

Unknown.

III. DISCRIMINATION STATEMENT:

I believe that I was discriminated against on the basis of a perceived handicap/disability (obesity), as well as in retaliation for filing my earlier Charge of Discrimination based upon my race (African-American), which ultimately led to my constructive termination in the form of my resignation, based upon the following reasons:

1. During my nearly six (6) years of employment (since November, 1990), I have gained considerable weight (in excess of 100 lbs.) because of stress. My weight was not really an issue until new management took over. As alleged in my earlier Charge of Discrimination, statements were made by members of the new management that they didn't like the way that I looked (because of my weight), as I was perceived to have a disability or handicap because of my obesity.

2. I was thereafter forced to attend weekly diet classes upon the orders of my immediate supervisor at the time of my termination, Sylvia Schultz, Director of Nursing (white female); as well as maintaining an exercise log, and providing weekly updates of the status of my health and wellness from the dietician. I and an African-American kitchen employee, Audrey Cooper, were the only two individuals required to enroll in the weight loss program. A Registered Nurse by the name of Patricia Patterson (white female) and a Licensed Practical Nurse (LPN), Lynn Burkowski (white female) were both also obese, but not made to attend the diet classes, nor maintain the exercise logs or provide health reports.

3. After filing my earlier Charge of Discrimination on or about April 20, 1995, I subsequently didn't receive a yearly raise upon my anniversary in November, 1995, even though I had received a very good evaluation. The former Director of Nursing, Barbara Oblinger, should be able to substantiate that I was the only nurse who didn't receive such a raise. I was also refused a copy of my annual evaluation, without any explanation. Because of such, I believe that I was retaliated against for filing my earlier Charge of Discrimination.

4. Although La Amistad has contended that I had attendance problems in March, 1995, when I received the directive that I would begin the weight reduction classes, all of my absences were either documented with statements from my physician, or were vacation and/or paid days off, for which I had another nurse to cover my shift. This was in accordance with company policy, which is why I was surprised by the allegation of an attendance problem.

5. Because of the stress, embarrassment and day-to-day harassment that I continued to receive as a result of being treated differently because of my weight, as a perceived handicap or disability, and the failure to provide a raise despite being qualified for such, I felt no other recourse but to resign on or about July 22, 1996.

Based upon the foregoing, I believe that my civil rights have been violated and that I have been discriminated against on the basis of a perceived handicap/disability (obesity), as well as in retaliation for opposing an unlawful employment practice by virtue of filing my earlier Charge of Discrimination, in violation of Title VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991; the Americans With Disabilities Act of 1990 (ADA); and the Florida Civil Rights Act of 1992.

I hereby request any and all relief to which I am entitled to under the laws, and further request that this Charge be dual or cross filed with the Equal Employment Opportunities Commission.

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199635 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Sanders v. Clover Ridge Retirement Villas*

CITATION: 199635 TBD.C 002

DATE: 8/30/1996

STATE: FL

CASE NO: 96-L430 (FCHR)

01-000956 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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FLOP COMMISSION ON HUMAN RELATIONS

John Knox Road, Suite 240, Building 10,
Tallahassee, Florida 32303-4149

FILED
MR. TLOI-0956
ECHR No. 96-430

CHARGE OF DISCRIMINATION		ECHR No. 96-430
Name (Indicate Mr., Ms., or Mrs.) <i>Edna Sanders</i>	Social Security Number <i>580-00-2468</i>	Date of Birth <i>3/28/47</i>
Street Address <i>2255 Tangelo Road</i>	Home Telephone Number (area code) <i>678-1068 941</i>	
City, State, and Zip Code <i>Lake Wales Florida 33853</i>	Work (if possible to call you there) <i>Fired</i>	

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

Name <i>Robecka Knight Amber Spiker Mike Desmond-Mary Gray</i>	No. of Employees 15+ Yes About 26	Telephone No. (area code) <i>678-0012</i>
Street Address <i>410 DOMARIS AVE. LAKE WALES FL. 33853</i>	City, State, and Zip Code	County <i>POIK</i>

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	<i>7 15 96</i>
<input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	

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

I. PERSONAL HARM: *Could not work 3-11 for reasons we had discussed in the past several times, such as transportation 11pm at site, and other police & sheriff business*

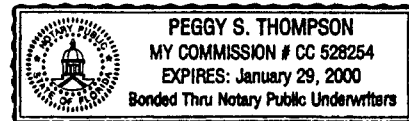
II. RESPONDENT'S REASON FOR PERSONAL HARM:

my immediate supervisor took away my perm. 3 position in order to give it to 3 white women (Supervisor is Amber Spiker)

III. DISCRIMINATION STATEMENT:

I believe I've been discriminated against ^{because} of my race which is in violation of Fla. Law section 760-10.

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At U.S. 5536-21847-608-0

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SIGNATURE OF COMPLAINANT
x Edna Sanders

DATE

NOTARY- (Required for Filing)
SUBSCRIBED AND SWORN TO BEFORE ME
Peggy S. Thompson
30th OF *August* 19 *96*

*State of Florida
County of Poik*

APPENDIX



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