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**199637 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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**199637 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Hatcher v. DCFS*

**CITATION:** 199637 TBD.C 001

**DATE:** 9/11/1996

**STATE:** FL

**CASE NO:** 96-B331 (FCHR)

00-003910 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00003910092100i02.pdf

**PAGES:** 2



SSN 261-45-4018 D.O.B 10-21-57

02

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

FILED

<b>CHARGE OF DISCRIMINATION</b>		<b>FCHR No.</b> 900 8331
<b>Name (Indicate Mr., Ms., or Mrs.)</b> Mrs. Pamela Hatcher		<b>Telephone No. (area code)</b> 904-482-4290
<b>Street Address</b> 3695 Hwy 90 W.		<b>Home</b> 904-482-4290
<b>City, State, and Zip Code</b> Marianna, Florida 32446		<b>Work (if possible to call you there)</b> None

RECEIVED

SEP 11 1996

Florida Commission on Human Relations

DIVISION OF ADMINISTRATIVE HEARINGS

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

<b>Name</b> Sunland Center/State of Florida HRS	<b>No. of Employees</b>	<b>Telephone No. (area code)</b> 904-482-9200
<b>Street Address</b> 3700 Williams Drive	<b>City, State and Zip Code</b> Marianna, Florida 32446	<b>County</b> Jackson

<b>CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))</b> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" 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	<b>DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE</b> (month, day, year) 08/26/96
--	--

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

I Personal Harm (SEE ATTACHED SHEET)

On August 27, 1996, I was denied hiring to the position of Centrix Operator. I had applied for the position on August 6, 1996.

II: Respondent's Reason for Adverse Action

Mr. Roland Fears, Personnel Tech, stated that I was denied employment because I had received a bad reference from one of my previous employers.

III: Discrimination Statement:

I believe that I have been discriminated against due to me sex, female and handicap, back impairment, for the following reasons:

1. I have over three years experience as an Operator. Yet, I was denied the position and a lesser qualified male, Mr. Ryals Baxter, who has just one year experience was hired.
2. The bad reference Mr. Fears mentioned was an ex-employer from three years ago who terminated my employment when I complained about eight thousand dollars he owed my husband. Mr. Fears was made aware of this situation, yet ignored that I other employers after the one that gave me reference, that praised my work.


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.	<b>NOTARY-- (Required for Filing)</b> SUBSCRIBED AND SWORN TO before me on this 11th day of September 1996 MY COMMISSION # CC552482 EXPIRES May 2, 2000 BONDED THRU TROY FAIR INSURANCE, INC.
<b>SIGNATURE OF COMPLAINANT</b> Pamela Hatcher	<b>DATE</b> 09-11-96
<b>NOTARY SIGNATURE</b> John Albert Burnett	

Discrimination Statement Continued:

3. I feel that had I been male that I would have been hired for the position that I applied for. I feel that the reference issue was pretextual to deny me employment in favor of a lesser qualified male.

*James Halcher*  
09-11-96 H326 668 57 881 0

*John Albert Burnett*  
*John Albert Burnett*  
 John Albert Burnett  
MY COMMISSION # CC552482 EXPIRES  
May 2, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.

**199637 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Hatcher v. DCFS*

**CITATION:** 199637 TBD.C 002

**DATE:** 9/11/1996

**STATE:** FL

**CASE NO:** 96-B331 (FCHR)

01-002971 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 01002971092100i02.pdf

**PAGES:** 2



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FLORIDA

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

~~00-3910~~ FILED

CHARGE OF DISCRIMINATION

FCHR No. 909 B331

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

Telephone No. (area code)

904-482-4290

Street Address  
3695 Hwy 90 W.

Home

904-482-4290

City, State, and Zip Code

Marianna, Florida 32446

Florida Commission on  
Human Relations

Work (if possible to call you there)

None

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

Name Sunland Center/State of Florida HRS

No. of Employees

Telephone No. (area code)

904-482-9200

Street Address  
3700 Williams Drive

City, State and Zip Code  
Marianna, Florida 32446

County  
Jackson

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))  
 RACE  COLOR  SEX  RELIGION  HANDICAP  
 NATIONAL ORIGIN  AGE  MARITAL STATUS  RETALIATION

DATE MOST RECENT OR CONTINUING  
DISCRIMINATION TOOK PLACE  
(month, day, year) 08/26/96

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

I Personal Harm

(SEE ATTACHED SHEET)

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2. The bad reference Mr. Fears mentioned was an ex-employer from three years ago who terminated my employment when I complained about eight thousand dollars he owed my husband. Mr. Fears was made aware of this situation, yet ignored that I other employers after the one that gave me reference, that praised my work.

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  
John Albert Burnett  
MY COMMISSION # CC562482 EXPIRES  
May 2, 2000  
BONDED THRU TROY FARM INSURANCE, INC.

SIGNATURE OF COMPLAINANT

DATE

*Pamela Hatcher*

09-11-96


*John Albert Burnett*  
15<sup>th</sup> OF September 1996

Discrimination Statement Continued:

3. I feel that had I been male that I would have been hired for the position that I applied for. - I feel that the reference issue was pretextual to deny me employment in favor of a lesser qualified male.

*James Halcher*  
#326 668 57 881 0  
09-11-96

*John Albert Burnett*  
*John Albert Burnett*  
John Albert Burnett  
MY COMMISSION # CC552482 EXPIRES  
May 2, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.





APPENDIX



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W: [www.TextBookDiscrimination.com](http://www.TextBookDiscrimination.com)

Congratulations! You're now **booked up** on these '*Charges of Discrimination*' that are pertinent to civil rights litigation!

