



199639 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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199639 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Cremeens v. Days Inn*

CITATION: 199639 TBD.C 001

DATE: 9/24/1996

STATE: FL

CASE NO: 1996-2436 (FCHR)
00-004432 (DOAH)

CASE TYPE: Employment Discrimination

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

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FLORIDA COMMISSION ON HUMAN RELATIONS

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

00-4432

RECEIVED

Rec'd 9/24/96

00 OCT FILED
ADMINISTRATIVE

CHARGE OF DISCRIMINATION

FLORIDA COMMISSION ON HUMAN RELATIONS FCHR No.

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

ANGEL CREMEENS

1996 SEP 24 AM 11:26

Telephone No. (area code)

813 885-6217

Street Address

7113 LARIMER Ct.

Home

(813) 885-6217

City, State, and Zip Code

TAMPA FL 33615-2950

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

DAYS INN

No. of Employees

55-65

Telephone No. (area code)

813 247-3300

Street Address

2520 N. 50th St.

City, State and Zip Code

TAMPA FL 33619

County

HILLSBORO

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) 11-3-95

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

GARY LLOYD HIRED AS A COMPTROLLER APPROX MARCH 95. HE HAS BEEN UP TO I WAS LET GO A TOTAL NIGHTMARE. I ASKED THE GEN MGR JIM ROGERS FOR HELP TO ELIMINATE THE MAJOR PROBLEMS SINCE I HELD MY JOB SINCE 6-28-78 AND NEVER HAD ANY PROBLEMS LIKE THIS BECAUSE THE GEN MGR LET ME GO. GARY MADE RUDE COMMENTS ABOUT WEIGHT, RESORTS AND REVENUE. GARY LLOYD APPROACHED ME ON NUMEROUS OCCASIONS WANTING ME TO MEET WITH HIM OUTSIDE THE JOB. HE MADE THE STATEMENT "I GET WHAT I WANT ONE WAY OR THE OTHER" AUG. 1995 WHEN HE KNEW MY HUSBAND WAS GOING TO BE OUT OF TOWN AND HE ASKED ME TO MEET WITH HIM. I TOLD HIM "NO" FROM THAT POINT ON MY JOB WAS IN THREAT HE LITERALLY CAME AFTER ME NOV 3, 1995 I THOUGHT HE WAS GOING TO SERIOUSLY HURT ME. WITNESSES STATED THE SAME SODIE STRICKLAND, SETTER, GINNY WARE AND BECKY LYND. I'M NOT THE ONLY EMPLOYEE THREATENED. MY DAUGHTER WAS LET GO 2 DAYS AFTER I WAS LET GO AND WORKED FOR THE COMPANY 8 YRS.

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

Annamarie Angel T C

Norman Don Lewis

20 OF 20

SIGNATURE OF COMPLAINANT

DATE

Angel Cremeens

9-19-96

199639 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Ewing v. Charlotte County*

CITATION: 199639 TBD.C 002

DATE: 9/26/1996

STATE: FL

CASE NO: 96-1836 (FCHR)

00-001222 (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 32303-4149

00-1222

CHARGE OF DISCRIMINATION		FCHR No. 96-1836	
Name (Indicate Mr., Ms., or Mrs.) Mrs. Linda C. Ewing		Social Security Number	Date of Birth 7/18/59
Street Address 18545 Jay Avenue		Home Telephone Number (area code) (941) 625-9508	
City, State, and Zip Code Port Charlotte, FL 33948		Work (if possible to call you there) (941) 625-9000 ext 108	

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

Name Charlotte County School Board	No. of Employees 15+ 1,500	Telephone No. (area code) (941) 255-0808
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Street Address 1445 Education Way	City, State, and Zip Code Port Charlotte, FL 33948
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))	DATE MOST RECENT DISCRIMINATION OCCURRED (month, day, year)
<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 checked="" type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	00 MAR 22 AM 10:05 FILED ADMINISTRATIVE HEARINGS

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

I. PERSONAL HARM:
 I have been an employee of the Charlotte County School Board continuously since August 1987. On 4/8/96 I applied for a Warehouse Foreman's Job with the CCSB and was denied, with no explanation, this position. I was informed by Don Grant (Director of Purchasing) by phone on Friday, April 29, 1996 at approx. 6:15 p.m. that another candidate had been selected. I asked who had been given the position, Mr. Grant stated that he could not give me that information.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

III. DISCRIMINATION STATEMENT: I believe I have been discriminated against by the Charlotte County School Board, in regards to the Warehouse Foreman's position, which I applied for in April, 1996; this is a violation of Florida Statutes 760.10 and Title IIV of the Federal Equal Opportunity Employment Law of 1992 as amended, for the following reason(s):

1. I applied on 4/8/96 for the Warehouse Foreman's position and was informed on 4/29/96 that another candidate was chosen, but was not given any reason why the candidate was chosen over me, or which, if any, criteria I did not meet, when asked.
2. The candidate that was selected for the position was a male.
3. The male candidate selected was less qualified than I.
4. The candidate selected has no military preference and I am a veteran.

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	Marcia G. Doeble
DATE	26 th OF September 1996
	MAY COMMISSION # CC554478 EXPIRES May 13, 2000 BONDED THRU TROY FAIN INSURANCE, INC.

APPENDIX



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