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**199715 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

{MOST RECENT UPDATE: 1/3/2023}

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**199715 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Black v. Duval County*

**CITATION:** 199715 TBD.C 001

**DATE:** 4/8/1997

**STATE:** FL

**CASE NO:** 1997-1534 (FCHR)  
00-004431 (DOAH)

**CASE TYPE:** Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
	☒	☒		☒		☒		☒	☒	

**FILENAME:** 00004431102700i02.pdf

**PAGES:** 2



FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

AMENDED

00-4431

JW	CHARGE OF DISCRIMINATION	FCHR No.	97-1534
Name (Indicate Mr., Ms., or Mrs.) Ms. Jarrilyn D. Black		Social Security Number	Date of Birth
Street Address 3000 Coronet Ln. 235		Home Telephone Number (area code) 904-727-9307	
City, State, and Zip Code Jacksonville, FL 32207		Work (if possible to call you there)	

00 OCT 27 4:33  
DIVISION OF ADMINISTRATIVE HEARINGS

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

Name Clerk of Courts Duval County	No. of Employees 15+	Telephone No. (area code) 904-630-2039
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Street Address 301 E. Bay St.	City, State, and Zip Code Jacksonville, FL 32202	County Duval
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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 checked="" type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input checked="" type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	04/16/97

I. PERSONAL HARM  
I have been employed with the Clerk's Office since 1/29/90. I have been unduly harassed for years, and recently it has become unbearable and life threatening to me.

II. RESPONDENT'S REASON FOR ADVERSE ACTION  
No reason have been given for this harrassment.

III. DISCRIMINATION STATEMENT  
I believe I have been discriminated against because of my Marital Status and Race, Black, for the following reasons:  
  
This type of harrassment has never happened to a white person. I am a single parent with health problems caused by stress on the job. I have been denied time off to seek medical attention, promoted but continued with the duties and pay of my lesser position. I was warned by three white assistant clerks that if I filed a grievance it would have an effect on my job. I believe these mean an cruel actions were taken entirely because of my race, sex, marital status, color, retaliation and known disability.

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.	WHICH I AM ENTITLED UNDER THE LAW(S) NOTARY. (Required for Filing)
SIGNATURE OF COMPLAINANT SIGNATURE ON FILE	SUBSCRIBED AND SWORN TO BEFORE ME
.DATE 4/8/97	OF _____, 19____

RECEIVED  
FLORIDA COMMISSION ON  
HUMAN RELATIONS

October 14, 2000

00 OCT 17 PM 3: 10

✓ To: Joe Cash

This affidavit is to confirm that I submitted the "Petition For Relief" in a timely manner I do not know why you did not receive it, I only know that I did indeed faxed it to your office.

Also, as I stated to you on previous phone conversations, I do not have the confirmation number from the fax; however, I am sending you a copy of the phone bill which verifies the fact to your office.

I must at this time, correct what I stated to you concerning the original "Petition For Relief." I had originally given it to my sister to mail, but since I was able to fax it, she assumed it not was necessary to mail it. It was never mailed That was my mistake.

Just as the original complaint was dismissed, I am sure, this too will have the same fate. What I can not conceive is with all the crucial facts given to the Florida Commission on Human Relation in the first place, how in God's name could the investigator come to such a conclusion as "no cause". It is questionable also as to why I was not informed of Mr.'s Alexander's death, and who replaced him to conclude the investigation regarding my complaint. Had it been any of you or any of your loved ones, I am sure the outcome would have been much different. Since I was treated worst than some animals, maybe I should have made my complaint with the Animal Rights Activist or the Commission on Animal Relations.

The Clerk of Circuit Courts denied me medical attention, after my request for it and not to mention that it was also obvious. I was forced into a locked room with a sign on the outside that read "out of order" and was urged by others not to assist me. I was forced to work 9-9 1/2 hours without adequate breaks and no lunch break after being placed on medication and after experiencing a miscarriage a short time earlier (could have been because of them) with the Clerk's Office knowledge and you people could see no wrong doing. I could have died, do any of you realize that. That is exactly why some many people take matters into their on hands; the ones who are supposedly to oversee these sort of things simply do not care.

Sincerely,

Jarrilyn Black

Jarrilyn Black



**199715 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Olson v. Landsafe Title*

**CITATION:** 199715 TBD.C 002

**DATE:** 4/8/1997

**STATE:** FL

**CASE NO:** 971537 (FCHR)  
01-004048 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 01004048102201i02140703.pdf

**PAGES:** 1



CHARGE OF DISCRIMINATION

ENTER CHARGE NUMBER

FEPA  
 EEOC

01-4048

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.

Human Rights Division

FILED

and EEOC

(State or local Agency, if any)

NAME (Indicate Mr., Ms., or Mrs.)  
Morene K. Olson

01 OCT 22 AM 8:56  
PHONE NO. (Include Area Code)  
954/583-7949

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

3507 Southwest 15th Court

Fort Lauderdale, Florida 33312 Broward

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME: Landsafe Title of Florida, Inc. NO. OF EMPLOYEES/MEMBERS: 15± TELEPHONE NUMBER (Include Area Code): 954/489-2500

STREET ADDRESS: 701 West Cypress Creek Road #8-204 CITY, STATE AND ZIP CODE: Ft. Laud., Fla. 33309

NAME: TELEPHONE NUMBER (Include Area Code):

STREET ADDRESS: CITY, STATE AND ZIP CODE:

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))  
 RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  
 AGE  RETALIATION  OTHER (Specify)

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (Month, day, year)

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

- On April 1, 1996, I was discharged from my position by the Respondent. I was also demoted and my salary was cut. I am 66 years of age. *64 mtd*
- The reason given for the discharge was my position was terminated and women much younger could be hired at \$18,000 a year.
- I believe I was discriminated against in violation of the Florida Human Rights Act (chapter 760).

RECEIVED  
FLORIDA COMMISSION ON HUMAN RELATIONS  
1997 APR -8 AM 11:35



MICHAEL O. BURNEY  
COMMISSION # CC 201259  
EXPIRES DEC 04, 1998  
BONDED THRU  
ATLANTIC BONDING CO., INC.

SS # 335-28-0182

I also want this charge filed with the EEOC. I will advise the agencies 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 (When necessary to meet State and Local Requirements)  
*Michael O. Burney*  
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.  
*Morene Kathryn Olson*  
Date *3/31/97* Charging Party (Signature)

SIGNATURE OF COMPLAINANT  
*Morene Kathryn Olson*  
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)  
*31-March, 1997.*

APPENDIX





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**CONTACT INFORMATION**

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

