



199728 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

7/7/1997 - 7/13/1997

{MOST RECENT UPDATE: 1/13/2023}

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199728 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Mcghee v. Navel Continuing Care*

CITATION: 199728 TBD.C 001

DATE: 7/10/1997

STATE: FL

CASE NO: 97J037 (FCHR)

01-003446 (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

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

01-3446

FILED

RM	CHARGE OF DISCRIMINATION	FCHR No.	97-J037
Name (Indicate Mr., Ms., or Mrs.)	Ms. Linda R. McGhee	Telephone No. (area code)	
Street Address	2991 East Bayshore Dr.	Home	(904) 247-8172 904-703-6436
City, State, and Zip Code	Atlantic Beach, FL 32233	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	Fleet Landing	No. of Employees	15+	Telephone No. (area code)	904-246-9900
Street Address	1 Fleet Landing Blvd.	City, State and Zip Code	Atlantic Beach, FL 32233	County	Duval

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 <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	12/95

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

I. PERSONAL HARM
On or about December of 1995, I was forced to resign from my position as Certified Nursing Assistant.

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 Acts of 1992 as amended.

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

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FLORIDA COMMISSION
ON HUMAN RELATIONS
1997 JUL 14 PM 3:47

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

David L. Tagliaferri

DAVID L. TAGLIAFERRI
COMMISSION # CC 580184
EXPIRES JUN 08, 2000
BONDED THRU
ANTIC BONDING CO., INC.

10th OF 19 97

SIGNATURE OF COMPLAINANT	DATE
<i>Linda R. McGhee</i>	7/10/97

APPENDIX



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