



199743 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

10/20/1997 - 10/26/1997

{MOST RECENT UPDATE: 5/3/2023}

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199743 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Boris v. Cracker Barrel*

CITATION: 199743 TBD.C 001

DATE: 10/20/1997

STATE: FL

CASE NO: 98-0232 (FCHR)

00-004427 (DOAH)

CASE TYPE: Employment Discrimination

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

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

00-4427

FILED
 OCT 27
 DIVISION OF ADMINISTRATIVE HEARINGS
 PM 4:34

CHARGE OF DISCRIMINATION	FCHR No. 98-0232
Name (Indicate Mr., Ms. or Mrs.) GLORIA BORIS	Telephone No. (area code) (352) 854-9589
Street Address 11796 S.W. 151 Place	Home
City, State, and Zip Code Dunnellon, FLORIDA 34432	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 CRACKER BARREL ^{OLD COUNTRY STORE}	No. of Employees	Telephone No. (area code) (352) 854-7870
Street Address 3801 SW COLLEGE RD	City, State and Zip Code OCALA, FL 34474	County MARION

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)

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

My name is Gloria Boris. I was sexually discriminated against at the Cracker Barrell Country Store. Women have been forced to take mandatory drugs test and men are not. Women are being paid less than men for the same job title. Men are getting promotions and women are being demoted. Women are routinely disregarded by General Manager Andrew Keil. I was refused over-time. Men allowed to go home routinely, but women are not. Men who have been there less time than me are getting paid considerably more for the same job. The manager is constantly making more work for all the women including me. All the managers treat us (women) very poorly.

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 FLORIDA COMMISSION ON HUMAN RELATIONS
 1997 OCT 20 PM 4:34

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
Gloria Boris

DATE
10/15/97

NOTARY - (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME by Gloria Boris, who is personally known by me or has produced Fk D/L # B620-28467-945-0 as identification on this the 15th day of October, 1997.

1

NOTARY PUBLIC
 STATE OF FLORIDA
 Sheri Dederick Ladd
 My Commission CC574315
 Expires Sep. 08, 2000

199743 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Walker v. Georgia Pacific*

CITATION: 199743 TBD.C 002

DATE: 10/23/1997

STATE: FL

CASE NO: 98-0337 (FCHR)

00-001221 (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

00-1221

II

CHARGE OF DISCRIMINATION		FCHR No. 98-0337	
Name (Indicate Mr., Ms., or Mrs.) Mr. Melvin H. Walker		Social Security Number	Date of Birth 08/09/55
Street Address 1511 Bronson Street		Home Telephone Number (area code)	
City, State, and Zip Code Palatka, Florida 32177		Work (if possible to call you there) N/A	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Georgia Pacific Corporation	No. of Employees 15+ 1,300	Telephone No. (area code) (904) 325-2001	
Street Address State Road 216	City, State, and Zip Code Palatka, FL 32177	County Putnam	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) June 17, 1997	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
<p>A. I was ordered to take a drug test for no apparent reason after 22 years of dedicated service with a good work record.</p> <p>B. White employees that were similarly situated were not drug tested.</p>			
I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO 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 <i>Rebecca J. Hutcherson</i> REBECCA J. HUTCHERSON MY COMMISSION # CC361359 EXPIRES April 4, 1998 BOWEN COUNTY FAIR INSURANCE, INC. expires: 4/4/98	
SIGNATURE OF COMPLAINANT <i>Melvin H. Walker</i>		DATE 10/23/97	
		23rd OF October, 19 97	

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199743 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Green v. City of Daytona Beach*

CITATION: 199743 TBD.C 003

DATE: 10/24/1997

STATE: FL

CASE NO: 2003667 (FCHR)

01-003559 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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CAUSE: N



01-3559
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DIVISION OF
ADMINISTRATIVE
HEARINGS

ROBERT GREEN
416 Margie Lane
Daytona Beach, FL 32114
904-238-1863

October 24, 1997

Florida Commission on Human Relations
325 John Knox Road
Building F, Suite 240
Tallahassee, FL 32301

Re: Complaint of unlawful discrimination

Dear Sir/Madam:

Kindly consider this a claim of discrimination based on upon the American with Disabilities Act.

My name is Robert Green. I live at 416 Margie Lane, Daytona Beach, FL 32114. My telephone number is (904) 252-5891/(904) 238-1863. My social security number is 261-54-1513. My date of birth is 10/17/40.

I was previously employed with the City of Daytona Beach, 301 S. Ridgewood Ave., Daytona Beach, FL 32114, telephone number 904-947-3000. My position with the City was Senior Utilities Service Worker, that being a assistant supervisor in the water/waste department.

On or about May 26, 1996, I was injured on the job wherein I injured by lower back and was placed on permanent restrictions by my doctor of no lifting greater than 25 pounds. After returning to work, I was placed in a light duty position in the solid waste department wherein I was picking up trash and light debris. I worked in that position for approximately two months. I was then laid off, recalled, and then again laid off on or about November 16, 1996. The City stated that I could not perform my previous duties due to my restrictions of no lifting greater than 25 pounds.

While on light duty, I applied for the position of a Maintenance Supervisor which was one level above the position that I held when I was injured. I took the qualifying exam and passed. I requested to the City, through the union, that I be placed in that vacancy.

Florida Commission on Human Relations

October 24, 1997

Page 2

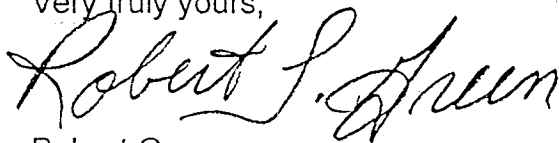
When my attorney contacted the City, they indicated that I was terminated in November, 1996 and I was no longer eligible. I discovered that the City's rules stated that if you are no longer eligible, the qualifying exam only lasts for a period of six (6) months. I again took the examination and passed.

On or about May, 1997, an individual within the department, classified as an Operator III, was paid extra to work out of class as a supervisor, the position which I applied for. He did not take the test and was not as qualified as myself for the position.

I believe that my layoff from the light duty position which I was qualified as well as failure to hire me for the position of Maintenance Supervisor II was discrimination based upon my disability and race; being that there is only one black in that department.

Your attention to this matter is appreciated.

Very truly yours,



Robert Green

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199743 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Oldham v. Sacred Heart Health System*

CITATION: 199743 TBD.C 004

DATE: 10/24/1997

STATE: FL

CASE NO: 98-00074 (FCHR)

00-002622 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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PAGES: 1

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FLORIDA

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

00-2622
OCT 21

CHARGE OF DISCRIMINATION		FILED HOURS 98-0074
Name (Indicate Mr., Ms., or Mrs.) MAY OLDHAM		00 JUN 28 Telephone No. (area code) 850 477 7699
Street Address 500 SHILOH DRIVE		DIVISION OF ADMINISTRATIVE HEARINGS Same
City, State, and Zip Code PENSACOLA FL. 32503		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 SACRED HEART HOSPITAL	No. of Employees 2500+	Telephone No. (area code) 850 416 7000
Street Address 5157 NORTH 9th AVE	City, State and Zip Code PENSACOLA, FL. 32504	County Escambia
CAUSE OF DISCRIMINATION BASED ON (check appropriate box(es)) <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 type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) July 28 1997

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

In January 1997, my immediate SUPERVISOR, MS. DEBRA FOSHEE, gave me a schedule and INSTRUCTED ME TO TRANSFER ALL my DUTIES AS A Safety COORDINATOR to a newly hired MALE. This was to be accomplished by May 12 1997. I CARRIED OUT THIS ORDER AND CONTINUED TO ASSIST THIS NEW MALE EMPLOYEE WITH PROCEDURES/PROCESSES AT SACRED HEART HOSPITAL. MS FOSHEE TOLD ME SHE WANTED ME TO HANDLE ADDITIONAL RISK MANAGEMENT ISSUES AND SUGGESTED I RELOCATE my DESK TO A MORE PRIVATE AREA IN THE DEPT. WHICH I DID. ON JULY 28, 1997, MS FOSHEE TOLD ME my POSITION WAS BEING ELIMINATED IN 30 DAYS. Please NOTE I AM A CERTIFIED Risk Manager.

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: May Oldham
DATE: 10/21/97

NOTARY-- (Required for Filing)
SUBSCRIBED AND SWORN TO BEFORE ME
CHERYL ANN MIMMS
COMMISSION # CC 402440
EXPIRES AUG 23, 1998
BONDED THRU ATLANTIC BONDING CO., INC.

22nd OF October 19 97

APPENDIX



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CONTACT INFORMATION

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