



199752 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

12/22/1997 - 12/28/1997

{MOST RECENT UPDATE: 9/8/2023}

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199752 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Rittman v. American Pharmaceutical Services*

CITATION: 199752 TBD.C 001

DATE: 12/23/1997

STATE: FL

CASE NO: 980483 (FCHR)

01-002911 (DOAH)

CASE TYPE: Employment Discrimination

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



FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

01-29-11
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 A COMMISSION
 FILED
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CHARGE OF DISCRIMINATION		FCHR No. 98-0483 1997 DEC 23
Name (Indicate Mr., Ms., or Mrs.) Eugene Rittman Jr.	Social Security Number 595-32-3415	Date of Birth 11/29/73
Street Address P.O. BOX 108 / 623 West 5th St	Home Telephone Number (area code) (850) 875-9450 or 875-9446	
City, State, and Zip Code Quincy FLA. 32351	Work (if possible to call you there) (850) 422-0515	

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

Name American PHARMACEUTICALS SEC	No. of Employees 15+ more than 15	Telephone No. (area code) (850) 422-0515
--------------------------------------	--------------------------------------	---

Street Address 2522 CAPITAL CIR NE City, State, and Zip Code Leon County
~~TALLAHASSEE~~ STE 14 TALLAHASSEE FLA 32308-4134 LEON

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 checked="" 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) 11/25/97 to 12/21/97
--	---

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s): I am constantly subjected to unfavorable working conditions since Sept. 25, 1997. These working condition began when I hurt my ankle and was put on Workers' Compensation. My supervisor began to call my doctor and asked question on reasoning for my workers Compensation and what light duty meant. My supervisor (James Taylor) then began to said that they did not have any light duty work for me and would send me back home but would call me later and state if I did not return to work I would be terminated. My supervisor took my permanent position while on Workers' Compensation and gave to another person and put me on part-time. My supervisor

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

SIGNATURE OF COMPLAINANT DATE
 Eugene Rittman 12/21/97
 F.D. No. * R-355-200-73-42A-0

Angel L. Diaz
 MY COMMISSION # CC550123 EXPIRES April 24, 2000
 BONDED THRU TROY FAIR INSURANCE, INC.
 23rd OF December, 1997

FILED

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DIVISION OF
ADMINISTRATIVE
HEARINGS

decided to use my personal and vacation time while I was out on Workers' Compensation. James did not agree with my doctor notes because he would call and ask what light duty was and that there was no light duty but if I didn't come back what would happen. My job was to drive from Tallahassee to Lake City daily and this was not light duty since this was my regular route. James began to tell other associates that I had an attitude and began to my father and discuss things with him in regards to me. Instead of talking with me. Any other associates they would go to them instead of behind them. I am the first employee to be on Workers' Compensation.

1997 DEC 23 AM 10:57

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HUMAN RELATIONS

199752 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Miller v. Leesburg Regional Medical Center*

CITATION: 199752 TBD.C 002

DATE: 12/23/1997

STATE: FL

CASE NO: 99-1480 (FCHR)

02-003468 (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

CAUSE: N



CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act (974; See Privacy Act Statement before completing this form.

FEPA
 EOC

02-3468

Florida Comm. on Human Relations and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Ms. Patricia M. Miller HOME TELEPHONE (Include Area Code) (352) 821-0163

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH
14700 S E Hwy 42, Weirsdale, FL 32195 07/31/48

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 NUMBER OF EMPLOYEES/MEMBERS TELEPHONE (Include Area Code)
Leesburg Regional Medical Center Cat D (501 +) (352) 323-5762

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY
600 E Dixie Av, Leesburg, FL 34748 069

NAME TELEPHONE NUMBER (Include Area Code)
STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))
 RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)
DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST
01/13/97 10/03/97
 CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):
I am a qualified individual with a disability. I was discharged from my full time position as Medical Records Clerk on January 13, 1997 and rehired on January 16, 1997 as a part-time employee with benefits. I was harassed by having my shift changed several times with little or no advance notice. I protested and was again discharged on October 3, 1997. The official reason given me was insubordination.

I believe I was discharged because of my disability in violation of the Americans with Disabilities Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I declare under penalty of perjury that the foregoing is true and correct.

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.

Patricia M. Miller
Charging Party (Signature)

SIGNATURE OF COMPLAINANT

Date 12/23/97

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

APPENDIX



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