



199842 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

10/12/1998 - 10/18/1998

{MOST RECENT UPDATE: 1/3/2023}

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199842 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Powell v. CSX Transportation*

CITATION: 199842 TBD.C 001

DATE: 10/12/1998

STATE: FL

CASE NO: 982192 (FCHR)

02-000582 (DOAH)

CASE TYPE: Employment Discrimination

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

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FLORIDA COMMISSION ON HUMAN RIGHTS

525 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

FILED 02-582

CHARGE OF DISCRIMINATION

FCHR No. 98-2192 Amended

Name (Indicate Mr., Ms., or Mrs.)
James Powell Jr.

Soc. Sec. Number
267-08-8638

Date of Birth
03/14/52

Street Address
11929 U.S. One North

Home Telephone Number (area code)
904-768-2660

City, State, and Zip Code
Jacksonville, Fl. 32219

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
CSX Railroad

No. of Employees
15+

Telephone No. (area code)
904-381-2677

Street Address
500 Waters St.

City, State, and Zip Code
Jacksonville, Fl. 32202

County
Duval

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))
 RACE COLOR SEX RELIGION DISABILITY
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
(month, day, year) 7/1/97

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

PERSONAL HARM:

I worked for respondent as a laborer, since 12-27-72, until I had to take a leave of absence July 1, 1997, due to a medical impairment. My supervisor constantly harassed and mistreated me on the job, which lead to my condition.

RESPONDENT'S REASON FOR PERSONAL HARM:

The supervisor said that he was the boss and CSX was his railroad. I was not given a reason for the action which was taken against me.

DISCRIMINATION STATEMENT:

I believe I have been discriminated against because of my race, in violation of the Florida Civil Rights Act of 1992 and Title VII of the U.S. Civil Rights Act of 1964 as amended for the following reason(s).
 The supervisor treated me differently than the white coworkers and was constantly harassing me. He was at all times, shouting, reprimanding and or intimidating me by saying the place of work (shop) and the railroad was his, making me fearful for my job security.

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.

SIGNATURE OF COMPLAINANT

DATE 10/12/98

NOTARY- (Required for Filing)
 SUBSCRIBED AND SWORN TO BEFORE ME
 GWENDOLYN M ERVIN
 NOTARY PUBLIC STATE OF FLORIDA
 COMMISSION NO. CC719432
 MY COMMISSION EXP. FEB. 23, 2002

Gwendolyn M. Ervin
 12th OF October 19 98

James Powell Jr

199842 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Hines v. Pensacola Care*

CITATION: 199842 TBD.C 002

DATE: 10/15/1998

STATE: FL

CASE NO: 991799 (FCHR)

03-000432 (DOAH)

CASE TYPE: Employment Discrimination

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

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

03
 FEB 11 1999
 11:50 AM
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 HUMAN RIGHTS

CHARGE OF DISCRIMINATION	FCHR No. 99-1799
Name (Indicate Mr., Ms., or Mrs.) MS. Mary Hines 03-0432	Telephone No. (area code) 850-875-2586
Street Address P.O. Box 975	Home
City, State, and Zip Code Havana, Fl.	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 Roosevelt Council Tall. Dev. Ctr.	No. of Employees 125	Telephone No. (area code) 850-627-4551
Street Address 455 Appyard Dr Tall. Fl.	City, State and Zip Code	County Leon

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 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	10-9-98

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

- I. For several years, I had worked for the above-named employer as a housekeeper at the Tallahassee Developmental Center.
- II. One of my co-workers, Roosevelt Council(B/M), sexually assaulted me in 1997 and I complained to my supervisors about his misconduct (grabbing my breast)
- III. The supervisors did not discipline Mr. Council other than to instruct him to stay away from me. Not long after Mr. Council received these instructions he began to come into areas where I was working. In spite of my supervisor's knowledge of Mr. Council's disregard for those instructions, nothing was ever done to keep him away from me.
- IV. I never complained to the authorities about Mr. Council's misconduct because one of my supervisors threatened to cause me to lose my job if I complained further about the matter.
- V. On October 9, 1998, approximately one (1) year following the 1997 incident, Mr. Council once again assaulted me by reaching into my clothes and grabbing my right breast.
- VI. After this last assault, I attempted to report to work after being out

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the process of my charge in accordance with their procedures.	NOTARY - (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME Gertrude L. Betsley Gertrude L. Betsley Gertrude L. Betsley MY COMMISSION # 0572538 EXPIRES September 7, 2000 BONDED THRU TROY FAIR INSURANCE, INC. 1998
SIGNATURE OF COMPLAINANT Mary Hines FL DL # H520-592-66-634-0	15 OF October 1998

Gertrude L. Betsley
 MY COMMISSION EXPIRES SEPTEMBER 7, 2000
 #CG 572538
 Bonded thru Troy Fair Insurance
 PUBLIC STATE OF FLORIDA

on sick leave, but was told that I had been terminated.

II. I believe that I was terminated, and the victim of sexual assault due to the misconduct and retaliation of my employer, all of which is a violation of Title VII of the 1964 Civil Rights Act, as amended, as well as certain other state and federal laws.

Mary d. Gines
(Signature) FL.DL.# HS20-592-66-634-0

Sworn to and subscribed before me this

15 day of October, 1998.

Gertrude L. Betsey
Notary Public
State of Florida at Large

My Commission Expires

Gertrude L. Betsey
MY COMMISSION # CC572538 EXPIRES
September 7, 2000
BONDED BY THE FAIR INSURANCE, INC.



199842 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Locklear v. Orange County*

CITATION: 199842 TBD.C 003

DATE: 10/17/1998

STATE: FL

CASE NO: 98-1074 (FCHR)

00-005083 (DOAH)

CASE TYPE: Employment Discrimination

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

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

CHARGE OF DISCRIMINATION		FCHR No.98-1074	
Name (Indicate Mr., Ms., or Mrs.) Mr. Allen Locklear, Jr.		Social Security Number 00-5083 239-70-4067	Date of Birth 1-24-45
Street Address 1108 S. Bartow Road, Apt. 67		Home Telephone Number (area code) 941-683-2891	
City, State, and Zip Code Lakeland, FL 33801		Work (if possible to call you there) 941-666-2433	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Orange County, Inc.	No. of Employees 15+	Telephone No. (area code) 941-533-0551	
Street Address 2020 Hwy. 17 South	City, State, and Zip Code Bartow, FL 33831-2158	County Polk	
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) 11/14/97	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s): I. PERSONAL HARM: On November 14, 1997, I was constructively discharged from my position as a mechanic. <u>10/20/97 is correct date for harassment based on race - terminated 11-14-97 as if would not quit.</u> II. RESPONDENT'S REASON FOR PERSONAL HARM: Management stated I was not performing my job duties. III. DISCRIMINATION STATEMENT: I believe I have been discriminated against because of my race, American Indian. I believe my rights have been violated under Title VII of the Civil Rights Act of 1964 as amended and the Florida Civil Rights Act of 1992 as amended. 1. I was told by a fellow co-worker that management would prefer a person of another race in my position.			
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 <i>Allen J. Locklear</i>		<i>Rebecca C. Reed</i> 17 OF Oct. 19 98	

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 HEARINGS

REBECCA C. REED
 Notary Public - State of Florida
 My Commission Expires Dec 25, 1999
 Commission # CC519144

APPENDIX



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