



199845 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

11/2/1998 - 11/8/1998

{MOST RECENT UPDATE: 1/3/2023}

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199845 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Haines v. City of Tampa*

CITATION: 199845 TBD.C 001

DATE: 11/2/1998

STATE: FL

CASE NO: 990439 (FCHR)

02-001412 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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02-1412

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

1-1-1

CHARGE OF DISCRIMINATION Division of Administrative Hearings		FCHR No. 99-0439
Name (Indicate Mr., Ms., or Mrs.) MR. ALFRED B. HAINES	FILED	Telephone No. (area code) 813
Street Address 10609 CARROLLBROOK WAY		Home 932-5601
City, State, and Zip Code TAMPA / FL 33618-4131	Date <u>April 9, 2002</u>	Work (if possible to call you there) NA

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

Name TAMPA POLICE DEPT	No. of Employees 1000	Telephone No. (area code)
Street Address 1702 N. TAMPA ST.	City, State and Zip Code TAMPA / FL 33602	County HILLSBOROUGH

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input 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 checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 12/21/97
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I was discriminated against by members of the Tampa Police Dept. during my field training period with the department from approx 8/24/97- 12/21/97. Various supervisors and other training officers made remarks to me concerning my age. I was forced to resign effective 12/21/97.

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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: *Alfred B. Haines* DATE: *10/30/98*

NOTARY- (Required for Filing)
SUBSCRIBED AND SWORN TO BEFORE ME

C. F. McManus
C. F. McMANUS
Notary Public - State of Florida
COMMISSION # CC 667987
EXPIRES AUG 9, 2001

30 OF OCT 19 98

199845 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Price v. FPL Corporation*

CITATION: 199845 TBD.C 002

DATE: 11/5/1998

STATE: FL

CASE NO: 990003 (FCHR)

01-004804 (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

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FILED
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 DIVISION OF ADMINISTRATIVE HEARINGS

CHARGE OF DISCRIMINATION		FCHR No. 990003	D. Davis
Name (Indicate Mr., Ms., or Mrs.) Eddie G. Price		Social Security Number 81-28-90-9678	Date of Birth 7/23/46
Street Address 902 NW Bayshore Blvd.		Home Telephone Number (area code) 561/879-1423-1523	
City, State, and Zip Code Port St. Lucie, FL 34983		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 Florida Power & Light Company	No. of Employees 15+	Telephone No. (area code)
Street Address 6501 South A1A	City, State, and Zip Code Jensen Beach, FL 34957	County Martin

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) 10/23/97
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THE PARTICULARS ARE (If additional space is needed, attach an extra sheet(s):

I. PERSONAL HARM:
 On October 23, 1997, I was terminated from my position as Plant Technician.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 Management stated I was being terminated for engaging in sexual harassment for the second time.

III. DISCRIMINATION STATEMENT:
 I believe I have been discriminated against because of my Race-Black which is in violation of Chapter 760 of the Florida Civil Rights Act, and Title VII of the Federal Civil Rights Act for the following reason;

1. Michael Ullman initiated a lot of blatant discriminatory remarks such as "he would never put a Black man in a position to supervise White people."
2. I was the only black employee in my department for 8 years, and my supervisors were always trying to find something to point a finger at me to keep from giving me a promotion or to fire me.
3. Michael Ullman was only given a reprimand for displaying a nude top half of a woman's body, but I was falsely accused of sexual harassment and terminated.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TOO UNDER THE LAW(S).

98 NOV -5 PM 4:3

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 <i>Eddie G. Price</i>	DATE <i>11/2/98</i>

<p>NOTARY- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME</p> <p align="center">EVELYN L. REED My Comm Exp. 9/23/2001 No. CC 683035 <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other I.D.</p> <p><i>2nd</i> OF <i>November</i>, 19 <i>98</i></p>

199845 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Roche v. JC Penney*

CITATION: 199845 TBD.C 003

DATE: 11/6/1998

STATE: FL

CASE NO: 1998-2388 (FCHR)

02-001438 (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

02-1438

CHARGE OF DISCRIMINATION		FCHR No. 982388 Amended	
Name (Indicate Mr., Ms., or Mrs.) Alice Roche		Social Security Number 161-36-5926	Date of Birth 10-14-37
Street Address 175 North Oakmont Drive		Home Telephone Number (area code) 305 829-5785	
City, State, and Zip Code Miami, Florida 33015		Work (if possible to call you there)	

Division of Administrative Hearings
FILED
 Date 4-10-02

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		
Name C Penny Co.	No. of Employees 15+	Telephone No. (area code) 305 937-0022

Street Address 9525 Biscayne Boulevard	City, State, and Zip Code North Miami Beach, Florida 33180	County Dade
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
<input 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	(month, day, year) 8-8-97

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

I was employed by respondent as a sales associate from 11-94 to 8-8-97 when I was denied a promotion because of my disability. I was absent from work with my physician's approval until 9-25-96. I requested a transfer which was a promotion. I was not given the transfer.


I was informed I was not given the transfer and promotion because of an on the job injury. This was stated By the department manager.

I believe I was discriminated against because of my disability for the following reason(s):

I had been absent from work because of an on the job injury and my employer perceived me to be disabled and not capable of performing my assigned duties. I was told I could not be used even though my physician had released to return to work.

RECEIVED
 FLORIDA COMMISSION ON
 HUMAN RELATIONS
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I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

If 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)
NATURE OF COMPLAINANT <i>Alice Roche</i>		SUBSCRIBED AND SWORN TO BEFORE ME  4 OF NOVEMBER, 19 98
DATE <i>11/4/98</i>		

APPENDIX



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CONTACT INFORMATION

E: TextBookDiscrimination@gmail.com

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