



199906 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

2/1/1999 - 2/7/1999

{MOST RECENT UPDATE: 1/3/2023}

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199906 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Stephenson v. Residence for Geriatric Care*

CITATION: 199906 TBD.C 001

DATE: 1/31/1999

STATE: FL

CASE NO: 1999-1079 (FCHR)
02-001440 (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
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

02-1440

CHARGE OF DISCRIMINATION

FCHR No. 99-1079
 Division of Administrative Hearings

Social Security Number: 589-2-459 Date of Birth: -22-45

Home Telephone Number (area code): 561 641-4630

Work (if possible to call you there) Date: 4-10-02

FILED

Name (Indicate Mr., Ms., or Mrs.)
 Theresa A. Stephenson

Street Address
 59 Pinedale Drive

City, State, and Zip Code
 Tallahassee, Florida 32303

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

Name
 Noreen McKean Residence for Geriatric Care, Inc.

No. of Employees
 Over 15

Telephone No. (area code)
 561 655-8544

Street Address
 5 South Flagler Drive

City, State, and Zip Code
 West Palm Beach, Florida 33401

County
 Palm Beach

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) 8-21-98

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

Personal Harm: I was on duty noticed I had forgotten my insulin and called my husband, left him a recorded message to bring it to me at work. My husband attempted to reach me at work via the telephone. When he came to the work place to bring the medicine, and may have had an argument with the supervisor, which I was not privy to. The supervisor then attempted to have me sign a complaint against my husband, which I refused to do. She tore the form up in front of me. I told one of my coworkers, I was suspended for one day. I was discharged 8-21-98.

Respondent's Reasons for Personal Harm: I was informed I was discharged for not providing good patient care and insubordination.

Discrimination Statement: I believe I have been discriminated against because of my marital status which is a violation of Florida Statutes 760.10, for the following reason(s): I needed my insulin called my husband, left him a message. He called me, then brought the insulin. He may have had an argument with my supervisor. She wanted to sign a complaint against him which I refused. She ripped up the form. The supervisor then would attempt to find a reason(s) to harass me. When I informed my coworker I was suspended for a day without pay. When I informed the supervisor informed me she was going to write me up for insubordination. I was then discharged after a meeting took place with the director of nursing. I was denied my severance pay or not given information on my termination and was refused a letter of why I was discharged. I was a good employee as my evaluations show. Other similarly situated employees were/are not treated the way I was.

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

Advise the agency if I change my address or telephone number and I will cooperate fully with them in processing of my charge in accordance with their procedures.

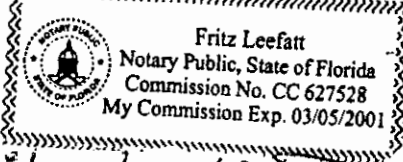
SIGNATURE OF COMPLAINANT

DATE 1-30-99
 1-31-99

Theresa A. Stephenson
 9070669

NOTARY - (Required for Filing)

SUBSCRIBED AND SWORN TO BEFORE ME



Fritz Leefatt
 OF 31, 1999

199906 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Davis v. Duval County*

CITATION: 199906 TBD.C 002

DATE: 2/3/1999

STATE: FL

CASE NO: 1997-0186H (FCHR)
00-000736 (DOAH)

CASE TYPE: Housing Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
						☒			☒	

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PAGES: 1



Housing Discrimination Complaint

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

00-0736

OMB Approval No. 2529-0011 (Exp. 09/30/95)

Use type or print this form - Do not write in shaded area

The reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2529-0011), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Instructions: Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer to a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 2 for a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the Regional Office covering the State where the complaint arose (see list on back of form), any local HUD Field Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Complaint Number: 497-2541-8	(Check <input checked="" type="checkbox"/> applicable box): <input type="checkbox"/> Referral and Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established jurisdiction:
Filing Date: 6/25/97			

Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.): Davis Brenda W.	Home Phone: (904) 783-9019	Business Phone: (904) 638-2600
------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------	------------------------------------------

Street Address (city, county, State and zip code)
441 MANFAC CU APT 2404 - JACKSONVILLE, FLA 32210

Against whom is this complaint being filed? Name (last name, first name, middle initial) MUSINE FINANCE Authority, FIRST UNION, Atlantic Builders	Phone Number: See Attached sheets
-------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------

Street Address (city, county, State and zip code)
231 E Forsyth - HOUSING FINANCE JACKSONVILLE, FLA 32202

Check the applicable box or boxes which describe(s) the party named above

Builder Owner Broker Salesperson Supt. or Manager Bank or Other Lender Other

If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:

Name: **Listed Above** Address: **See Attached sheets.**

Name and identify others (if any) you believe violated the law in this case
Jack Daniel Agent For Atlantic Builders

What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6a below.

<input checked="" type="checkbox"/> Refuse to rent, sell, or deal with you	<input type="checkbox"/> Falsely deny housing was available	<input type="checkbox"/> Engage in blockbusting	<input type="checkbox"/> Discriminate in broker's services
<input checked="" type="checkbox"/> Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> Advertise in a discriminatory way	<input checked="" type="checkbox"/> Discriminate in financing	<input checked="" type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law
<input type="checkbox"/> Other (explain)			

Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply:

<input checked="" type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input checked="" type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American <input type="checkbox"/> Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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What kind of house or property was involved? <input checked="" type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input checked="" type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, State and zip code) 7971 GEORGIA JACK CT. JACK, FLA
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Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made. **See Attached documents**

FIRST UNION APPROX. ME FOR PURCHASING A HOME, ALSO I KNOWING THAT A JUDGEMENT WAS ON MY FILE, GIVEN A LETTER STATING REASON, ONCE AGAIN DENIED ME TO CLOSE, (THIS IS THE 3RD TIME)

6a. When did the act(s) checked in Item 3 occur? (include the most recent date if several dates are involved)
3-15-96, 8/23-29 8/30/96

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature and Date:
Brenda Davis 2/3/97

199906 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Browdy v. DOC*

CITATION: 199906 TBD.C 003

DATE: 2/3/1999

STATE: FL

CASE NO: 1999-1367 (FCHR)
01-004348 (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



CHARGE OF DISCRIMINATION

99-1367
014348

NAME: MRS. GLORIA J. BROWDY
ADDRESS: 3337 GRAYTON DRIVE, SPRING HILL, FL. 34609
DATE OF BIRTH: 11/02/58
HOME PHONE NUMBER: 352-686-5316

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY
APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY
WHO DISCRIMINATED AGAINST ME.

01 NOV -7 PM 12: 21
FILED
DIVISION OF
ADMINISTRATIVE
SERVICES

NAME: FLORIDA DEPARTMENT OF CORRECTIONS
ADDRESS: 2601 BLAIR STONE ROAD, TALLAHASSEE, FL. 32399-2500
PHONE NUMBER: (850) 410-4532
NUMBER OF EMPLOYEES, MEMBERS- 1,000+

CAUSE OF DISCRIMINATION BASED ON RACE AND RETAILATION.
DATE DISCRIMINATION TOOK PLACE, EARLIEST- 8/27/98
CONTINUING ACTION.

99 FEB -5 PM 11: 55
FILED

I. PERSONAL HARM:

1. I WAS DENIED AN ADVERTISED POSITION OF CORRECTIONAL OFFICER AT SUMTER CORRECTIONAL INSTITUTION, SEVERAL LESS EXPERIENCED WHITE OFFICERS WERE HIRED.
2. I FILED A COMPLAINT TO THE DEPARTMENT OF CORRECTIONS ABOUT BEING DENIED THE POSITION. I FELT THAT THE FACT THAT I HAD BEEN A MEMBER OF THE UNITED STATES CLASS ACTION LAWSUIT AGAINST THE DEPARTMENT PLAYED A PART IN THE ADVERSE ACTION.

II. RESPONDENT'S REASON(S) FOR ADVERSE ACTION:

1. ONLY ONE POSITION WAS AVAILABLE, THE BEST PERSON WAS HIRED.
2. THE DECISION NOT TO HIRE, HAD NOTHING TO DO WITH ME BEING A MEMBER OF A CLASS ACTION LAWSUIT.

III. STATEMENT OF DISCRIMINATION: I BELIEVE I HAVE BEEN THE VICTIM OF EMPLOYMENT DISCRIMINATION DUE TO MY RACE (AFRICIAN AMERICAN COLOR (BLACK)), BECAUSE I HAVE COMPLAINED ABOUT DISCRIMINATION IN VIOLATION OF THE CIVIL RIGHTS LAWS, INCLUDING TITLE VII AND THE FAIR EMPLOYMENT PRACTICES ACT.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: 2/3/99

Mrs Gloria J. Browdy
CHARGING PARTY(SIGNATURE)

199906 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Ivey v. DOT*

CITATION: 199906 TBD.C 004

DATE: 2/4/1999

STATE: FL

CASE NO: 1997-J125 (FCHR)
01-001686 (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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PAGES: 2



01-1686
 01 MAY -3
 FILED
 ADMINISTRATIVE HEARINGS

FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

CHARGE OF DISCRIMINATION		FCHR No. 97-577	
Name (Indicate Mr., Ms., or Mrs.) <i>Mr. Allison Ivy</i>		Social Security Number <i>267-45-3525</i>	Date of Birth <i>04-22-1959</i>
Street Address <i>P.O. Box 20082</i>		Home Telephone Number (area code) <i>(850) 576-2200</i>	
City, State, and Zip Code <i>Tallahassee, FL 32316</i>		Work (if possible to call you there) <i>(850) 414-4180</i>	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name <i>Florida Department of Transportation</i>		No. of Employees <i>15+</i>	Telephone No. (area code) <i>(850) 414-5305</i>
Street Address <i>605 Suwannee St</i>		City, State, and Zip Code <i>Tallahassee, FL 32399</i>	
		County <i>Leon</i>	
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"/> DISABILITY <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) <i>10/30/97</i>	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
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)	
SIGNATURE OF COMPLAINANT <i>Allison Ivy</i>		SUBSCRIBED AND SWORN TO BEFORE ME <i>Robert E. Moultrie, II</i> Robert E. Moultrie, II MY COMMISSION # CC743409 EXPIRES May 17, 2002 BONDED THRU TROY FAIN INSURANCE, INC.	
DATE <i>2/4/99</i>		413 OF February, 19 99	

99 FEB -4 PM 4:55
 RECEIVED
 COMMUNICATIONS SECTION
 10/30/97

OL# I100-000-59-142-0

Complaint#: FCHR No. 97-J177 and EEOC No. 15D971224 (Mr. Allison Ivey)

I. Personal Harm:

I am constantly subjected to a hostile working environment due to my supervisor and the office manager. They have threatened me with reprimands on several occasions. In the office, minorities are treated with terms and conditions different from the white employees. On 10/30/97, I was verbally threatened by Mr. Robert C. Griner with a reprimand for no apparent reasons. He also personally presented me a letter of reprimand on 9/11/98 in presence of our office manager. And on 1/22/99, he verbally threatened me for the second time with another reprimand.

II. Respondent's Reason for adverse action(Personal Harm):

- a) On 10/30/97, respondent quoted that I was insubordinate to him and threatened me with a reprimand.
- b) On 1/22/99, respondent told me that I will be given another reprimand if one of my assignments, the Quality Assurance Review Plan, were not completed by 2/1/99. This particular assignment is an added-duty which was verbally assigned to me on 10/7/98 by the respondent but has not officially recorded on or added to my Career Service System Position Description until 2/1/99, after I sent a series of E-mails to some upper-level managers regarding this additional assignment.
- c) In a letter of reprimand I received on 9/11/98, respondent quoted that I displayed rudeness and threatening behavior accompanied by offensive, loud (as quoted) language toward him, and I called him a racist and a liar. However, all allegations are absolutely unfounded. In the same letter, he also stated that I already had an oral reprimand by him on file in his office on 8/7/97, previously. Unfortunately, I have never received a formally documented copy of this oral reprimand.
- ✓ d) Respondents told me that I do not deserve a Superior Proficiency Special Recognition although I did all the technical estimates for other non-minority(white) employees.

III. Retaliation and Continuous Discrimination Statement:

I believe why I have been continuously retaliating and discriminated against, by Mr. Robert C. Griner because of my race (black) for the following reasons:

1. I expressed my opinion to my Supervisor and the Office Manager that the minority employees with engineering college degrees are being treated unfairly as regard to salary raise, performance recognition and opportunity of promotion.
2. I informed my supervisor and office manager that the lead estimator is incapable and not qualified to take charge of projects which required the engineering and technical knowledge. On many occasion he has solicited my assistance to complete his assignment and solve other technical problems (including his home work assignments).

APPENDIX



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ORIGINAL SOURCE

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Original Source	FCHR.MyFlorida.com
2	Secondary Source	DOAH.State.FL.US

INTERACTIVE VERSION

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Web	TextBookDiscrimination.com/Reports/COD/

CONTACT INFORMATION

E: TextBookDiscrimination@gmail.com

W: www.TextBookDiscrimination.com

Congratulations! You're now **booked up** on these '*Charges of Discrimination*' that are pertinent to civil rights litigation!

