



199915 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

4/5/1999 - 4/11/1999

{MOST RECENT UPDATE: 1/13/2023}

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TABLE OF CONTENTS | 199915 TBD.C

ID	Caption	Page
001	<i>Campbell-Metcalfe v. DOE</i>	3
002	<i>Noe v. Bellsouth Telecommunications</i>	5
-	Appendix	7



199915 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Campbell-Metcalfe v. DOE*

CITATION: 199915 TBD.C 001

DATE: 4/9/1999

STATE: FL

CASE NO: 1996-J234 (FCHR)
00-004764 (DOAH)

CASE TYPE: Employment Discrimination

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

FILENAME: 00004764112900i02.pdf

PAGES: 1



Received Event (Event Succeeded)

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FLORENCE COMMISSION ON HUMAN RIGHTS
 225 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

PAGE 03

00-4764

CHARGE OF DISCRIMINATION		FCHR No.96-J234 Amended	
Name (Indicate Mr., Ms., or Mrs.) Ms. Lynell C. Campbell (Metcalf)		Social Security Number 264-06-6179	Date of Birth 09-08-50
Street Address <i>JCM</i> 225 John Knox Rd 1747 Capital Cir NE Apt # 903		Home Telephone Number (area code) (850) 402-0694	
City, State, and Zip Code <i>JCM</i> Tallahassee, FL 32303-4149 32308		Work (if possible to call you there) (850) 385-4494	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Florida Department of Education	No. of Employees 15+	Telephone No. (area code) 850-488-8652	
Street Address 325 W. Gaines St.	City, State, and Zip Code Tallahassee, FL 32399-0400	County Leon	
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"/> 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) 01/31/96	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
<p>I. Personal Harm: On January 31, 1996, I was not hired as a full-time Motor Vehicle operator, as a result, I was terminated from my emergency status position as a Motor Vehicle Operator.</p> <p>II. Respondent's Reasons for Personal Harm: No reason was given.</p> <p>III. Discrimination Statement: I believe I have been discriminated against because of my gender, female. 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.</p> <p>1. I was told by management that I was doing an excellent job, but my immediate supervisor, Mr. Robert Lane, stated he needed a man for the job.</p> <p><i>JCM</i> 2. Robert Lane also stated that he had to hire who he thought was best for the job because he had to do what was best for the mailroom.</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.			
Under penalties of perjury, I declare that I have read the foregoing charge of discrimination and that the facts stated in it are true.			
SIGNATURE OF COMPLAINANT <i>Lynell C. Campbell-Metcalf</i>			DATE 04-09-99

13

199915 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Noe v. Bellsouth Telecommunications*

CITATION: 199915 TBD.C 002

DATE: 4/9/1999

STATE: FL

CASE NO: 99-5747 (FCHR)

02-003675 (DOAH)

CASE TYPE: Employment Discrimination

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

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PAGES: 1



CHARGE OF DISCRIMINATION

118-3075
AGENCY CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

FEPA
 EEOC

150992487

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

NAME (Indicate Mr., Ms., Mrs.) **02 SEP 23 PM 2:08** TELEPHONE (Include Area Code)

Mr. Doug Noe (407) 574-9279

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH
1003 DeCarlo Drive, Deltona, FL 32725 06/19/1947

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)
Bellsouth Cat A (15-100) (404) 249-4020

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY
Suite 2000, 1155 Peachtree St. N.E., Atlanta, GA 30309 121

NAME TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST
 RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify)
04/01/1998 03/29/1999
 CONTINUING ACTION

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

I. I am 51 years old. The Respondent is subjecting me to a racially hostile working environment.

II. I am currently employed by the Respondent as an Area Manager and the supervision of Ronnie Wright (WM), General Manager. In March 1998 the office had a Manager's meeting in St. Petersburg, Fl and my wife accompanied me. She is a dark-skinned Spanish lady. Shortly thereafter, my Supervisor, Ronnie Wright, started making racial comments about my wife and other Black people. The comments included, but were not limited to, the following: "blacks are Jungle Bunnies", "blacks are worthless", "black people are the wrong types of people." He stated that the reason why my co-worker, Lee Severin was so black was that he had "shit coming through his skin". He asked me to refrain from bringing my wife to office functions because of the color of her skin. In retaliation, he refuses to pay me for my overtime and "Duty Manager time". Dave Perez, Area Manager who is younger than I am, gets paid for working overtime and on-call.

III. The Respondent discriminated against me in violation of Title VII of the 1964 Civil Rights Act, as amended and the Age Discrimination in Employment Act of 1967.

Heath A. Denoncourt
HEATH A. DENONCOURT

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 - (with necessary State and local Requirements)

Notary Public, State of Florida
My comm. exp. Feb. 25, 2003

I swear or affirm that the above charge and that it is true to the best of my knowledge, information and belief.

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

SIGNATURE OF COMPLAINANT

Doug Noe

Doug Noe

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

Date 4-9-99 Charging Party (Signature)

APPENDIX



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