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**199923 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

5/31/1999 - 6/6/1999

{MOST RECENT UPDATE: 1/3/2023}

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**199923 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Israel v. Walmart*

**CITATION:** 199923 TBD.C 001

**DATE:** 6/4/1999

**STATE:** FL

**CASE NO:** 99V-1528 (FCHR)

01-002818 (DOAH)

**CASE TYPE:** Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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**FILENAME:** 01002818071701i01090732.pdf

**PAGES:** 2



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

01-2818  
 01 JUL 17 1999  
 RECEIVED

<b>CHARGE OF DISCRIMINATION</b>		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) <i>Mrs. Margie R. Israel</i>		Social Security Number <i>263-33-8546</i>
Street Address <i>2940 Carve Lane</i>		Date of Birth <i>5-5-51</i>
City, State, and Zip Code <i>Marianna, Fl. 32446</i>		Home Telephone Number (area code) <i>850-482-5998</i>
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		Work (if possible to call you there) <i>N/A</i>

Name <i>Walmart # 1375</i>	No. of Employees 15+	Telephone No. (area code) <i>850-526-5744</i>
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Street Address <i>2800 Hwy 71</i>	City, State, and Zip Code <i>Marianna, Fl 32446</i>	County <i>Jackson</i>
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) <i>4-17-99</i>

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

**I. PERSONAL HARM:**

*Sense Depression*

**II. RESPONDENT'S REASON FOR PERSONAL HARM:**

**III. DISCRIMINATION STATEMENT:**

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 HUMAN RELATIONS  
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**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

DATE

*Margie R. Israel*

*6/14/99*

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

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<b>CHARGE OF DISCRIMINATION</b>		<b>FCHR No. 99-V1528 RM</b>	
Name (Indicate Mr., Ms., or Mrs.) Ms. Margie Israel <i>Mrs Margie R. Israel</i>		Social Security Number <i>263-3358746</i>	Date of Birth <i>2.5.1957</i>
Street Address 2940 Carve Lane <i>2940 Carve Lane</i>		Home Telephone Number (area code) <i>850-483-5918</i>	
City, State, and Zip Code Marianna, FL 32446 <i>Marianna FL 32446</i>		Work (if possible to call you there) <i>N/A</i>	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you. <i>Management/Mitchell Wilmore/Tra Peterson/Franco/Robert/Toni/James Wilmore</i>			
Name Wal-Mart <i>Wal-Mart Store #1375</i>	No. of Employees 15+ <i>150 possible</i>	Telephone No. (area code) <i>850-526-5744</i>	
Street Address 2800 Hwy. 71 <i>2800 Hwy 71 North</i>	City, State, and Zip Code Marianna, FL 32446 <i>Marianna FL 32446</i>	County Jackson <i>Jackson</i>	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input checked="" type="checkbox"/> RELIGION <input checked="" 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) 04/17/99 <i>April 17th 1999</i>	

**I. Harm Statement:**

On April 17, 1999, I was terminated from my position as a Cashier. Prior to my termination, I was denied a promotion to assistant manager.

**II. Respondent's Reasons for Personal Harm:**

Management stated I was fired because of behavioral problems. No reason was given for not being promoted.

**III. Discrimination Statement:**

I believe I have been discriminated against because of my race, black. 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. Allegedly, I violated procedures while doing my assigned duties; but my white co-workers do the same thing and they are not dismissed.
2. As for the promotion, I was already doing the job of an assistant manager but management would not officially train me to do the job; as a result, a white woman was hired to do the same duties I was doing.

*Also because of my disability I was denied promotions  
 The American Disability Act was not use for me at all.*

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

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**

**DATE**

*Margie R. Israel*

*6/29/99*

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APPENDIX



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