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**199925 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

6/14/1999 - 6/20/1999

{MOST RECENT UPDATE: 1/3/2023}

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**199925 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Huth v. National Admark*

**CITATION:** 199925 TBD.C 001

**DATE:** 6/14/1999

**STATE:** FL

**CASE NO:** 1999-U1327 (FCHR)  
00-004633 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00004633111400i02.pdf

**PAGES:** 1



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

00-41633

**AMENDED CHARGE OF DISCRIMINATION**

**FCHR No. 99U1327** J. Moran

99 JUN 14 PM 3:07

Social Security # 275-68-8739 08  
 Date of Birth 9/26/71

Name (Indicate Mr., Ms., or Mrs.)  
 Allison Huth

Street Address  
 1215 S. Cypress Road

Home Telephone Number (area code)

City, State, and Zip Code  
 Pompano Beach, FL 33064

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 National Admark Corporation	No. of Employees 15+	Telephone No. (area code) 954/489-1500
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Street Address 730 NW 57 <sup>th</sup> Place	City, State, and Zip Code Ft. Lauderdale, FL 33309	County Broward
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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) 5/12/98
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

**I. Personal Harm:**  
 On May 12, 1998, I was forced to resign from my position as Appointment Setter as a result of sexual discrimination at the hands of Tony Tundo.

**II. Respondent's Reasons for Personal Harm:**  
 No reason was given for the harassment.

**III. Discrimination Statement:**  
 I believe I have been discriminated against because of my Sex-Female, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons;

1. On my first and only day of employment with Respondent, I was sexually harassed by another worker, Tony Tundo. At one point, he kissed me on the forehead. He made comments as to the color of the underwear I had on. He made motions for me to open my legs further so he could get a look.
2. These actions, among others, made my working situation intolerable, and I was forced to resign.

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  
 X Allison Huth

DATE

**199925 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Smith v. Brevard County*

**CITATION:** 199925 TBD.C 002

**DATE:** 6/19/1999

**STATE:** FL

**CASE NO:** 1999-V2038 (FCHR)  
02-004527 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 02004527111902i07173118.pdf

**PAGES:** 1



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

02-4527

CHARGE OF DISCRIMINATION		FCHR No. 02 NOV 19 PM 1:55
Name (Indicate Mr., Ms., or Mrs.) Ms. Ruthye M. Smith		Telephone No. (area code) (407) 267-3433
Street Address 4 Sycamore Street		Home
City, State, and Zip Code Viera, Florida 32780		(see above) Work (if possible to call you there) (see above)
Name of the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		
Name Brevard County School Board	No. of Employees	Telephone No. (area code) (407) 631-1911
Street Address 100 Judge Fran Jamieson Way	City, State and Zip Code Viera, FL 32940-6699	County Brevard
USE 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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)

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

I feel that I have been discriminated against due to my race in violation of Florida's anti-discrimination laws in employment. My employer, Brevard County School Board, and Astronaut High School at which I've worked as a teacher for 25 years, have both discriminated against me.

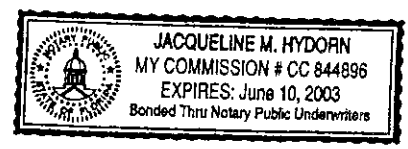
Discrimination by my employer has been ongoing. I have been denied promotions since 1985 (enclosure 1); however the most recent complaint of which compelled me to file this charge occurred in July 1998. I applied for the position of Dean at Astronaut High School or any administrative position that became available in the North Brevard area. I submitted in writing my interest. (See enclosure 2.) This correspondence was sent to Mr. William B. Hall, Director of Employment and Staff Development. The position of Dean of Astronaut High School was filled by a caucasion transferred from Jackson Middle School, a North Brevard area school. The transfer of this employee from Jackson Middle School to Astronaut High School made the position of Dean available at Jackson Middle School. This position was filled by another caucasion who is less qualified than myself.

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.

*Ruthye M. Smith*  
 Signature Date 7/15/99

FL DL # 5530-722-38-547-0  
 04.2002

*Jacqueline M. Hydorn*  
 Notary 7-17-99



92 JUN 19 PM 3:26

APPENDIX



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