



19932 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

8/2/1999 - 8/8/1999

{MOST RECENT UPDATE: 1/3/2023}

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199932 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Van Hout v. UPS*

CITATION: 199932 TBD.C 001

DATE: 8/2/1999

STATE: FL

CASE NO: 97-2452 (FCHR)
00-004142 (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

CHARGE OF DISCRIMINATION		FCHR No.97-2452 <i>Amended</i>	
Name (Indicate Mr., Ms., or Mrs.) Mr. Wesley Van Hout		Social Security Number	Date of Birth Oct 8 AM
Street Address c/o 150 S. Palmetto Avenue, Ste. 100		Home Telephone Number (area code)	
City, State, and Zip Code Daytona Beach, FL 32114		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 United Parcel Service	No. of Employees 15+	Telephone No. (area code)	
Street Address 4420 Imeson Road	City, State, and Zip Code Jacksonville, FL 32219	County Duval	
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 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) 07/07/97	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
I. Personal Harm: On July 07, 1997, I was terminated from my position as a Car Driver.			
II. Respondent's Reasons for Personal Harm: The company stated I was being terminated because I falsified my initial application in 1988.			
III. Discrimination Statement: I believe I have been discriminated against because of my disability. I believe my rights have been violated under the Americans with Disabilities Act and the Florida Civil Rights Act of 1992 as amended. 1. When I was fifteen, I had one episode of a seizure and was placed on medication; since then I have had no difficulties. 2. Just prior to my termination, I was called into the office of the center manager and questioned regarding any seizures; I stated that I had a seizure in the past and was told by my employer I was going to be terminated.			
I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S)			
<small>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.</small>			
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>W. Van Hout</i>			DATE 8/2/99

02
 FILED
 DIVISION OF ADMINISTRATIVE HEARINGS
 9:04

99 AUG -9 PM 4:58
 DIVISION OF ADMINISTRATIVE HEARINGS

THIS IS TRUE SIGNATURE OF MR. WESLEY VAN HOUT

Accepted by



Alejandro Barbosa
 My Commission CC687899
 Expires November 15, 2001

August 02, 1999

199932 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Rippner v. City of Gainesville*

CITATION: 199932 TBD.C 002

DATE: 8/3/1999

STATE: FL

CASE NO: 1999-V2364 (FCHR)
02-003469 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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02-3469

FLORIDA COMMISSION ON HUMAN RIGHTS

325 John Knox Road, Suite 240, Building F
Tallahassee, Florida 32399-1570

02 SEP -5 PM 1:33

CHARGE OF DISCRIMINATION

FCHR No. 99-V 2569

Name (Indicate Mr., Ms., or Mrs. etc.)

Telephone No. (Area Code)

Mr. Marvin H. Rippner Social Security #267-90-0710 (H)(352) 222-3631

2928 NW 51st Drive Gainesville, Florida 32606
Street Address City, State, and Zip Code

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

City of Gainesville 1800
Name No. of employees

Post Office Box 490 Gainesville, Florida 32602
Street Address City State Zip Code

(352) 334-5000 Alachua
Telephone Number County

Cause of Discrimination Based on: Date Most Recent or Continuing Discrimination Took Place:

Race (Black) Color Religion Age National Origin Marital Status Retaliation Sex Disability (Cervical Spine Fusions)
April 2, 1999

Personal Harm:

1. Loss of pay and benefits. Forced to take choices: retire, terminate or 15% pay cut.

Reason for Adverse Actions: No reasons given for the pay cut.

Discriminatory Statement (s): I believe I was discriminated against because of my disability (Cervical Spine Fusion). I was not offered accommodation with my stated disability. I was only given the choices to retire, terminate or take a 15% pay cut.

Relief Sought:

1. Back Pay, Interest, Punitive Damages along with re-adjustment of my monthly medical pension.

99 MR - 3 11 2 13

NOTARIZED SIGNATURE

[Signature]

[Signature]

(Complainant)

[Signature]

(Witnesses)

7-29-99

(Date)

STATE OF FLORIDA
COUNTY OF ALACHUA

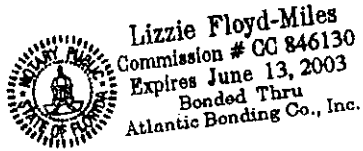
BEFORE ME, the undersigned authority, personally appeared Maurice Henry Ripper to me well known (or who produced FD # R156-588-50-450 as identification), and s/he acknowledged before me that s/he is the person who signed the above and foregoing complaint.

WITNESS my hand and seal of my office, at Gainesville, Florida

Alachua County, Florida, this 29 day of July, A.D. 1999

Lizzie Floyd-Miles
Notary Public, State at Large

My commission expires June 13, 2003



APPENDIX



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