



199934 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

8/16/1999 - 8/22/1999

{MOST RECENT UPDATE: 1/3/2023}

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199934 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Santiago v. Eckerd Drugs*

CITATION: 199934 TBD.C 001

DATE: 8/16/1999

STATE: FL

CASE NO: 99V1924 (FCHR)

02-000152 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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AD 02-152

CHARGE OF DISCRIMINATION		FCHR No. 99-V1924 Amended	
Name (Indicate Mr., Ms., or Mrs.) Adda Santiago		Social Security Number 580-94-0446	Date of Birth 7-5-49
Street Address 7545 East Treasure Drive, 6-J		Home Telephone Number (area code) 305 868-3837	
City, State, and Zip Code North Bay Village, Florida 33141		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 Eckerd Drugs, Inc. #3049	No. of Employees Over 15	Telephone No. (area code) 305 865-3298	
Street Address 95 East Harding Avenue	City, State, and Zip Code Miami Beach, Florida 33141	County Dade	
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 checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-7-98	

39 AUG 16 PM 2:08

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

I. Personal Harm: I was relieved from my duties and placed at the front end of the store. My hours were reduced. I was later discharged from my position after I attempted to get transferred to another store

II. Respondent's Reasons for Personal Harm: I was told there were no hours for me.

III. Discrimination Statement: I believe I have been discriminated against because of my age and national origin which is a violation of Title VII of Federal Civil Rights Act of 1964, as amended, the ADEA, and Florida Statutes 760.10 for the following reason(s):

I was involuntarily transferred to a section of the store I was not scheduled to work. The employees in the pharmacy during my shift are all Jewish and I am Hispanic. My hours were reduced, I was taken out of the pharmacy and I placed in the front end of the store, then I was discharged. A female, younger than the age of 40 was hired. I did transfer to another store because I was promised work there. I was hired, after two months I was discharged because of the negative references of my previous supervisor

02 JAN 14 AM 9:02
FILED
DIVISION OF ADMINISTRATIVE HEARINGS

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

[Handwritten Signature]

08-12-99

199934 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Santiago v. Eckerd Drugs*

CITATION: 199934 TBD.C 002

DATE: 8/16/1999

STATE: FL

CASE NO: 1999-V1924 (FCHR)
02-001957 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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 50

CHARGE OF DISCRIMINATION		FCHR No. 99-V1924 Amended	
Name (Indicate Mr., Ms., or Mrs.) Linda Santiago		Social Security Number 580-94-0446	Date of Birth 7-5-49
Street Address 545 East Treasure Drive, 6-J		Home Telephone Number (area code) 305 868-3837	
City, State, and Zip Code North Bay Village, Florida 33141		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 Wackerd Drugs, Inc. #3049	No. of Employees Over 15	Telephone No. (area code) 305 865-3298	
Street Address 5 East Harding Avenue	City, State, and Zip Code Miami Beach, Florida 33141	County Dade	Date
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 checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-7-98	

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

I. Personal Harm: I was relieved from my duties and placed at the front end of the store. My hours were reduced. I was later discharged from my position after I attempted to get transferred to another store

II. Respondent's Reasons for Personal Harm: I was told there were no hours for me.

III. Discrimination Statement: I believe I have been discriminated against because of my age and national origin which is a violation of Title VII of Federal Civil Rights Act of 1964, as amended, the ADEA, and Florida Statutes 760.10 for the following reason(s):

I was involuntarily transferred to a section of the store I was not scheduled to work. The employees in the pharmacy during my shift are all Jewish and I am Hispanic. My hours were reduced, I was taken out of the pharmacy and I placed in the front end of the store, then I was discharged. A female, younger than the age of 40 was hired. I did transfer to another store because I was promised work there.

I was hired, after two months I was discharged because of the negative references of my previous supervisor

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 02 JAN 14 AM 9:02
 DIVISION OF
 ADMINISTRATIVE
 HEARINGS

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
 08-12-99

199934 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Jones v. Coastal Maritimes Services*

CITATION: 199934 TBD.C 003

DATE: 8/18/1999

STATE: FL

CASE NO: 1999-03025 (FCHR)
02-002787 (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 1
Tallahassee, Florida 32303-4149

12-2787

AMENDED CHARGE OF DISCRIMINATION	FCHR No. 9903025 J. Moran
Name (Indicate Mr., Ms., or Mrs.) Oscar Jones	Social Security # 262-25-8821 Date of Birth 8/21/56
Street Address 1817 E. 27th Street	Home Telephone Number (area code) 904/858-4386
City, State, and Zip Code Jacksonville, FL 32206	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 Coastal Maritime Services	No. of Employees 15+	Telephone No. (area code) 904/727-7007
Street Address 9550 Regency Square Blvd., Suite 1107	City, State, and Zip Code Jacksonville, FL 32225	County Duval

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 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) 9/2/98
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. Personal Harm:
On September 2, 1998, I was informed by a letter that I would not be re-hired into my position as Longshoreman.

II. Respondent's Reasons for Personal Harm:
I was told that I tested positive for drugs and their policy states that I should be fired with no medical or monetary benefits.

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

- During my employment, I was the oldest employee in my job position. All older White males around my age were in management positions. White males continued to be promoted, while I was denied promotion opportunities.
- After an accident on the job involving myself and 3 other White employees, I was made to take a drug test. This was not policy, but management hand-wrote "drug test required" in the manual. I was told the test came back positive. The other 3 employees, Kevin Geiger, Vic Rogers and Scott Boatwright, were not tested or disciplined. There were 2 other White employees who were arrested for smoking and possessing drugs, but were allowed to return to work and were never required to take a drug test.
- I was terminated on this day, May 28, 1998, until I could see a specialist for my injury. After seeing the specialist, and after it was determined that I was fit to return to work, I re-applied on August 27, 1998, but learned a few days later on September 2, 1998, that my application was denied.

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

Oscar L. Jones 8-17-99

199934 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Mitchell v. White Oak Plantation*

CITATION: 199934 TBD.C 004

DATE: 8/19/1999

STATE: FL

CASE NO: 99V2276 (FCHR)

02-002746 (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

02-2746

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 99V2276	J. Moran
Name (Indicate Mr., Ms., or Mrs.) William Mitchell	02 JUL 11 PM 3:25	Social Security # 253-53-6836	Date of Birth 1/16/72
Street Address RR-3 Box 1960	DIVISION OF ADMINISTRATIVE HEARINGS	Home Telephone Number (area code) 912/377-0885	
City, State, and Zip Code Polkston, GA 31537		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 White Oak Plantation	No. of Employees 15+	Telephone No. (area code) 904/225-3200
Street Address 726 Owens Road	City, State, and Zip Code Yulee, FL 32097	County Nassau

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 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) 3/24/99
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. Personal Harm:
I was constantly subjected to a racially hostile work environment. I was ultimately terminated from my position as Barn Maintenance Assistant.

II. Respondent's Reasons for Personal Harm:
I was told that I was endangering the life of a horse by horse-playing.

III. Discrimination Statement:
I believe I have been discriminated against because of my Race - Black, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended, and Title VII of the Federal Civil Rights Act, for the following reasons:

- During my employment with Respondent, I have been called "n---r", "buckwheat", "coon" and other racially derogatory names by employees including Frank Gowen and Mike Brown. I was told that Mr. Brown was a Grand Wizard in the Ku Klux Klan. I was harassed and humiliated in front of other employees, and I did complain about this situation to management.
- After Mr. Brown quit working, I asked Mr. Davis, my supervisor, to stop him from coming on the property. Mr. Davis agreed, but stated that there would be "repercussions" for this. This was February 23, 1999. The next day, co-workers stated to me that what I was doing to Mr. Brown was "bulls--t". On February 25, co-workers Jason Martin and Eric Dixon informed me that I was walking on thin ice.
- On March 19, 1999, Mr. Martin, Billy Farmer and myself were heading to clean the stalls. Mr. Martin called me "buckwheat". He then grabbed a nearby hose and hosed me down, soaking my clothes with water. I stood there in shock as Mr. Martin ran out of the stable. He came back and began threatening to turn me White with lime. He threw the lime, and it landed on my shoes. I threw a bucket of water on him in self-defense, hoping he would leave me alone to do my job. Instead, he began punching and kicking me, and I protected myself. Mr. Davis then entered the stable and asked if there was horse-play going on. He then stated that everyone would be punished. When questioned later, I told Mr. Davis what happened, and he accused me of letting Mr. Martin take the fall. On March 24, 1999, I was unjustly terminated.

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

AUG 19 11:12:14
 DIVISION OF ADMINISTRATIVE HEARINGS

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: *William Mitchell* DATE: 08/17/99

199934 TBD.C 005
'CHARGES OF DISCRIMINATION'

CAPTION: *Knopfel v. USAA*

CITATION: 199934 TBD.C 005

DATE: 8/20/1999

STATE: FL

CASE NO: 99-4163 (FCHR)

00-002314 (DOAH)

CASE TYPE: Employment Discrimination

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

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CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

99-0463

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

FEPA
 EEOC

FLORIDA COMMISSION ON HUMAN REL.

FILED

and EEOC

State or local Agency, if any

00 MAY 31 AM 9:00

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Ms. Valerie L. Knopfel

(813) 968-1940

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

125 W. Wildwood St., Tampa, FL 33613

11/19/1958

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)

United Services Automobile Assoc

Cat D (501 +)

(813) 632-4000

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

17200 Commerce Park Blvd., Tampa, FL 33631

057

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)

03/08/1999 08/19/1999

CONTINUING ACTION

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

I. PERSONAL HARM:

Beginning on or about March 8, 1999, and continuing I have been denied the opportunity for advancement and promotion to six different positions I have apply for. I had been employed by this Respondent since September 1987.

II. RESPONDENT'S REASON FOR ADVERS ACTION:

No reason has been given.

00-2314

III. DISCRIMINATION STATEMENT:

I believe I have been discriminated against in violation of the Age Discrimination in Employment Act of 1967, as amended, because of my age, 40 years old.

RECEIVED
TAMPA AREA OFFICE
TAMPA, FL
1999 AUG 26 PM 10:09
UNITED STATES
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

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 - (When necessary for State and Federal Requirements)

I swear or affirm that I have read 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

8/20/99

Valerie Knopfel

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year)

APPENDIX



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<u>#</u>	<u>Item</u>	<u>Link</u>
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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!

