



199938 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

9/13/1999 - 9/19/1999

{MOST RECENT UPDATE: 1/3/2023}

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199938 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Bailey v. Centennial Employee Management*

CITATION: 199938 TBD.C 001

DATE: 9/15/1999

STATE: FL

CASE NO: 1999-03868 (FCHR)
01-002080 (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

01-2080

CHARGE OF DISCRIMINATION		FCHR No. 99-03868
Name (Indicate Mr., Ms., or Mrs.)	Laura J. Bailey	Social Security Number Date of Birth 593-3017207 11/5/55
Street Address	Rt. 2, Box 277-4	Home Telephone Number (area code) (850) 702-4797
City, State, and Zip Code	Altha, Fla. 32421	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	Centennial Health Care / Calhoun-Liberty Hosp.	No. of Employees	15+	Telephone No. (area code)
------	--	------------------	-----	---------------------------

Street Address	City, State, and Zip Code	County
424 Burns Ave.	Blountstown, Fl. 32424	Liberty

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> DISABILITY (pregnancy) <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	10/1/98

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

I. PERSONAL HARM: I was terminated from my position as an EMT on the false and pretextual charge that I was driving an ambulance at an excessive rate of speed. My professional reputation in the community has been damaged. I lost wages, benefits + suffered emotional harm.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
I was pregnant and my supervisor, Judy Hall, knew it and did not want me working although my physician said that I could do the job.

III. DISCRIMINATION STATEMENT:
I was discriminated against because of my physical condition, pregnancy. My supervisor nagged me about quitting because of my pregnancy in front of my Co-workers. Then made up a lie about me speeding in the ambulance so that she would have an excuse to fire me. She told other EMT's and professionals that lie and hurt me professionally and emotionally.
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: Laura Bailey
DATE: Sept 15, 1999

199938 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Godwin v. Center for Independent Living*

CITATION: 199938 TBD.C 002

DATE: 9/17/1999

STATE: FL

CASE NO: 99-0477 (FCHR)

01-004342 (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

3 John Knox Road, Suite 240, Building
Tallahassee, Florida 32303-4149

01-4342

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 990477

J. Moran

Name (Indicate Mr., Ms., or Mrs.)
Tim Godwin

FILED
RE
FLORIDA C
HUMAN R
01 NOV -7 AM 10:08
29 SEP 22 11:23 DIVISION OF
ADMINISTRATIVE
HEARINGS

Social Security #
260-13-3167

Date of Birth
8/22/58

Street Address
14265 Beulah Road

Home Telephone Number (area code)
850/968-0372

City, State, and Zip Code
Cantonment, FL 32533

Work (if possible to call you there)
850/473-9935

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

Name
Center for Independent Living of N.W. Florida, Inc.

No. of Employees
15+

Telephone No. (area code)
850/484-5444

Street Address
1302 Dunmire Street

City, State, and Zip Code
Pensacola, FL 32504

County
Escambia

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))
 RACE COLOR SEX RELIGION DISABILITY
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION

DATE MOST RECENT OR CONTINUING
DISCRIMINATION TOOK PLACE
(month, day, year) 10/5/98

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

I. Personal Harm:

On October 2, 1998, I was demoted and forced to take a \$2.65 cut in pay after signing a form which stated no adverse action would be taken against me. On October 5, 1998, I resigned from my position as Program Coordinator.

II. Respondent's Reasons for Personal Harm:

I was told I was being disciplined for having a relationship with my co-worker and having poor judgment for doing so.

III. Discrimination Statement:

I believe I have been discriminated against because of my Marital Status - Single, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. I believe that because I had a relationship with a co-worker, Sharon Spencer, I was continuously reprimanded, harassed and threatened. Respondent's policies and procedures do not state that the relationships between co-workers are prohibited. On Sept. 1, 1998, Ms. Spencer met with Cindy Farria, Human Resources Specialist for AmStaff (an agency that provided management services to Respondent) and candidly discussed our relationship. Since that date increased numbers of reprimands and threats began.
2. For example, on September 10, 1998, Mr. Cherry, Executive Director, pointed to the national certifications on my office wall and said "those certifications mean nothing to me. I can hire any secretary off the street to do your job." This illustrates the type of hostile conditions under which I was forced to work.
3. On October 2, 1998 I was told I needed to meet with management. During the meeting Mrs. Farria requested my signature on a form to acknowledge my relationship with Ms. Spencer. This form also stated that no adverse actions would be taken, yet after I signed it Mr. Cherry handed me a disciplinary action form which stated I would be demoted and receive a reduction in pay. I was still expected to perform my normal duties, but was demoted three pay grades to a Staff Interpreter.
4. Ms. Spencer did not suffer any form of reprimand, demotion or pay reduction. She was told "no matter what I do to or for Tim has nothing to do with you" by Mr. Cherry.
4. On October 5, 1998, I resigned as a result of the harassment and reprimands.

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

Tim M. Godwin

DATE

9-17-99

APPENDIX



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