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**199944 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

10/25/1999 - 10/31/1999

{MOST RECENT UPDATE: 5/3/2023}

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**199944 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Newsome v. City of Clermont*

**CITATION:** 199944 TBD.C 001

**DATE:** 10/24/1999

**STATE:** FL

**CASE NO:** 2000311 (FCHR)

03-002459 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 03002459070303i05102148.pdf

**PAGES:** 1

**CAUSE:** N



**CHARGE OF DISCRIMINATION**

FCHR No. 20-00311

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

MR. ROBERT C. NEWSOME

**FILED**

Social Security Number

Date of Birth

08-09-52

Street Address

12701 BRUCE HUNT RD.

03 JUL -3 PM 3:50

Home Telephone Number (area code)

352-354-8168

City, State, and Zip Code

CLERMONT FL 34711

**DIVISION OF  
ADMINISTRATIVE  
HEARINGS**

Work (if possible to call you there)

03-2459

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

Name

CLERMONT Police Dept.

No. of Employees

15+

Telephone No. (area code)

352-354-5588

Street Address

865 W. MONTROSE ST

City, State, and Zip Code

CLERMONT, FL 34711

County

LAKE

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) 10-01-99

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

**I. PERSONAL HARM:**

DENIED A PROMOTION TO Lt IN AUGUST 1999

DENIED A PROMOTION TO Sgt IN OCT. 1999

BOTH PROMOTIONS WOULD HAVE IMPROVED MY WORK SCHEDULE AND RATE OF PAY.

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

LT'S PROMOTION, I WAS NOT GIVEN A REASON

Sgt PROMOTION, I WAS TOLD THAT THE OTHER PERSON SCORED HIGHER ON A TEST.

DISCRIMINATION STATEMENT: I PRESENTED EVIDENCE OF TEST BEING INVALID & I HAVE BEEN GIVEN NO RESPONSE TO MY REQUEST OF AN INQUIRY.

I BELIEVE THAT THERE IS AN EFFORT TO PREVENT ME FROM OBTAINING RANK IN THE ORGANIZATION BASED ON MY AGE. THERE IS NO MANAGEMENT OR SUPERVISORY PERSONNEL OVER 40 YRS OLD. TWO OFFICERS ~~WERE~~ OVER 40 YRS OLD. ON OCT. 26<sup>TH</sup> I WAS SERVED A TERMINATION NOTICE. I WAS TOLD IT WAS NOT PERFORMANCE RELATED BUT A PERSONALITY CONFLICT.

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

Robert C. Newsome

10-24-99

**199944 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Borgesi v. Community Coordinated Care for Children*  
**CITATION:** 199944 TBD.C 002  
**DATE:** 10/29/1999  
**STATE:** FL

**CASE NO:** 99034142 (FCHR)  
02-004218 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 02004218103002i05155805.pdf  
**PAGES:** 1  
**CAUSE:** N



FLORIDA COMMISSION ON HUMAN RELATIONS

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

02-4218

02

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 9903142 J. Moran

Name (Indicate Mr., Ms., or Mrs.)  
Robert Borgesi  
Social Security # 201-35-5813  
Date of Birth 9/6/17/46

Street Address  
1150 Eagle's Nest Avenue  
Home Telephone Number (area code)  
407/574-6606

City, State, and Zip Code  
Deltona, FL 32725  
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 Head Start	No. of Employees 15+	Telephone No. (area code) 407/522-2252
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Street Address 3500 W. Colonial Drive	City, State, and Zip Code Orlando, FL 32808	County Orange
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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) 7/22/99

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

**I. Personal Harm:**  
 On or about August 21, 1998, I was terminated from my position as Mental Health and Disabilities Director. I more recently applied for the positions of Director of Head Start and Seminole County Coordinator on July 22, 1999.

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

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

1. After I experienced symptoms of a disability on or about May 28, 1999, I was determined to be disabled by the Social Security Administration and could not return to work at that time. Due to that fact, I left employment and was formally terminated by employer on about August 21, 1998.

2. At the end of 1998, I was medically discharged by my physician. I then re-applied to my past employer for the positions of Director of Head Start and Seminole County Coordinator on July 22, 1999. Despite the fact that I was qualified for those positions, I was not considered nor was I contacted for an interview. I am not aware of who if anyone was ultimately hired, but the two persons who Respondent attempted to hire were not disabled in any way. Additionally, I was as qualified as each of them.

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  
 Robert a Borgesi  
 DATE  
 10-29-99

**199944 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Johnson v. Peninsula Bank*

**CITATION:** 199944 TBD.C 003

**DATE:** 10/25/1999

**STATE:** FL

**CASE NO:** 20-00137 (FCHR)

00-003021 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 00003021072400i04.pdf

**PAGES:** 1

**CAUSE:** N



CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

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

AGENCY:  FEPA,  EEOC

151A00131 302/

Florida Commission on Human Relations

and EEOC

State or local Agency, if any

FILED

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

HOME TELEPHONE (Include Area Code)

Ms. Judith G. Johnson

(941) 493-7267

00 JUL 24 AM 8:54

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

454 Cerromar Road, #273, Venice, FL 34292

DIVISION OF ADMINISTRATIVE SERVICES

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)

Peninsula Bank

70

(941) 473-3722

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1620 Placida Road, Englewood, FL 34223-9942

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

CAUSE OF DISCRIMINATION:  RACE,  COLOR,  SEX,  RELIGION,  AGE,  RETALIATION,  NATIONAL ORIGIN,  DISABILITY,  OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST (ADE/FEPA)

LATEST (ALL)

1997

1/8/99

CONTINUING ACTION

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

Simon Portnoy, CEO, President, and Chairman of Peninsula State Bank continuously made unwanted sexual advances towards me. His actions were continuously opposed, with each opposition being more vocal than the last. He informed me that I had no future at the Bank since I refused his advances. I reported Portnoy's unwanted sexual advances to my immediate boss and he did absolutely nothing. Eventually, Simon Portnoy used his position as CEO, President, and Chairman to retaliate in retaliation for refusing and complaining about his advances.

RECEIVED TAMPA AREA GENERAL INVESTIGATIVE DIVISION JUL 25 PM 3:54



Beatriz Gutierrez MY COMMISSION # CC740157 EXPIRES June 1, 2002 BONDED THRU TROY FAIN INSURANCE INC.

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 I will cooperate fully with them in the processing of my charge in accordance with their procedures. Yes.

NOTARY - (When necessary for State and Local 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

Judith G. Johnson

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year) 4/29/99

4/29/99

Judith G. Johnson

Date Charging Party (Signature)



APPENDIX



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1	Original Source	<a href="http://FCHR.MyFlorida.com">FCHR.MyFlorida.com</a>
2	Secondary Source	<a href="http://DOAH.State.FL.US">DOAH.State.FL.US</a>

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<u>#</u>	<u>Item</u>	<u>Link</u>
1	Web	<a href="http://TextBookDiscrimination.com/Reports/COD/">TextBookDiscrimination.com/Reports/COD/</a>

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W: [www.TextBookDiscrimination.com](http://www.TextBookDiscrimination.com)

Congratulations! You're now **booked up** on these '*Charges of Discrimination*' that are pertinent to civil rights litigation!

