



199949 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

11/29/1999 - 12/5/1999

{MOST RECENT UPDATE: 1/3/2023}

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TABLE OF CONTENTS | 199949 TBD.C

ID	Caption	Page
001	<i>Wideman v. Champion International</i>	3
002	<i>Wyche v. Dillard's</i>	5
003	<i>Booth v. DOT</i>	7
004	<i>Williams v. Alterra Living Service</i>	9
-	Appendix	11



199949 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Wideman v. Champion International*

CITATION: 199949 TBD.C 001

DATE: 11/30/1999

STATE: FL

CASE NO: 99-V1922 (FCHR)

00-003869 (DOAH)

CASE TYPE: Employment Discrimination

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

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PAGES: 1



CHARGE OF DISCRIMINATION

ENTER CHARGE NUMBER

FEPA
 EEOC 991/922

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

Florida Human Relations
(State or local Agency, if any)

00 and EEOC All 0: 84

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

Ronnie Wideman

HOME TELEPHONE NO. (Include Area Code)

904 944-0372

STREET ADDRESS

5913 Westshore Dr.

CITY, STATE AND ZIP CODE

PENSACOLA FL 32526

COUNTY

ESCAMBIA

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
Champion

NO. OF EMPLOYEES/MEMBERS

> 1000

TELEPHONE NUMBER (Include Area Code)

904 968-2121

STREET ADDRESS

P.O. box 87

CITY, STATE AND ZIP CODE

CONFORMANT FL

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

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

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 AGE RETALIATION OTHER (Specify)

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE

(Month, day, year)
5-5-97

THE PARTICULARS ARE (If additional space is needed, attached extra sheet(s)): SEE ATTACHED SHEET FOR MORE DETAIL

Champion has continued to violate the FHR Final Order. The harassment, Retaliation, and continued employment discrimination continues to get worse. Since the Recommended Order issued 2-28-97, it has been very difficult to work for this company. Champion has not ceased nor decreased from engaging in overt discriminatory practices.

Enclosed is several discriminatory practices and harassment complaints, in which I feel is unnecessary hostility directed toward me.

Please review the alleged discriminatory practices and decide whether a new charge of discrimination should be filed against Champion, or append the ~~new~~ following discriminatory practices to the existing complaint. FCHR # 951555 EEOC # 15D 950508

Also, review the UNION roll in the discrimination practices and determine whether I should file charges on Local 444 & 447.

It has gotten to the point where someone has written "buck wheat" on my respirator.

I also want this charge filed with the EEOC. 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.

NOTARY - (When necessary to meet 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.



Gregory P. Faria
MY COMMISSION # CC511999 EXPIRES
November 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

SIGNATURE OF COMPLAINANT Ronnie Wideman

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

199949 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Wyche v. Dillard's*

CITATION: 199949 TBD.C 002

DATE: 12/1/1999

STATE: FL

CASE NO: 2000351 (FCHR)

02-002661 (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



02-2661

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2000351 J. M.	
Name (Indicate Mr., Ms., or Mrs.) Mary L. Wyche		Social Security # 262-27-0994	Date of Birth 12/3/54
Street Address 1011 Sayers Drive		Home Telephone Number (area code) 850/656-2167	
City, State, and Zip Code Tallahassee, FL 32310		Work (if possible to call you there) 850/488-4958	

02 JUL -3 PM 2:02
ADMINISTRATIVE HEARINGS

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

Name Dillard's	No. of Employees 15+	Telephone No. (area code) 850/671-2000
Street Address 1500 Apalachee Parkway	City, State, and Zip Code Tallahassee, FL 32301	County Leon

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) 10/19/99
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

Personal Harm:
On October 19, 1999, I was terminated from my position as Sales Associate.

I. Respondent's Reason for Personal Harm:
was told by the Operations Manager, Debbie (last name unknown) that I had broken company policy.

J. Discrimination Statement:
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:

While employed with Respondent, I saw an item that was on the sale rack for 75% off and asked the new Floor Manager, Beverly (last name unknown) if I could purchase it while I was on the clock. She told me I could as long as she did not see me. I asked a Black Female employee to ring me up. Another manager, Valerie Turner, saw me as I was leaving and told me that the price was incorrect, although it was written on the garment in pen.

The next day the Operations Manager told me I had broken company policy by purchasing an item on the clock and in a different area than where the item originated, although in a prior meeting we were told that it was okay to purchase items in other areas.

I and the Black Female were terminated. White employees have done the same thing and have not been disciplined. In fact, very recently a White employee named Cindy had rang an item up for me and nothing was done to her. Another employee, Karen Ark has even told me that Cindy is allowed to purchase items on the clock and has been reminded by management to purchase items before she left. I have also noted that Black employees are not allowed to work in areas where we can make more money.

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

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 *Mary L Wyche* DATE 12-1-99

199949 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Booth v. DOT*

CITATION: 199949 TBD.C 003

DATE: 12/3/1999

STATE: FL

CASE NO: 2000574 (FCHR)

01-003884 (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

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

01-3884

CHARGE OF DISCRIMINATION		FCHR No. <u>2000514</u> J. Moran	
Name (Indicate Mr., Ms., or Mrs.) Wilton Thomas Booth, Sr.		Social Security # 266-45-7127	Date of Birth 3/14/62
Street Address Post Office Box 472		Home Telephone Number 850/962-5299	
City, State, and Zip Code Sopchoppy, FL 32358		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 Department of Transportation	No. of Employees 15+	Telephone No. (area code) 850/962-4511	
Street Address	City, State, and Zip Code	County Wakulla	
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) 10/5/99	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
I. Personal Harm: On October 5, 1999, I was denied a promotion to a Occupational Support Maintenance Level III (OSML-III), position # 06260.			
II. Respondent's Reasons for Personal Harm: I was told by Superintendent White on October 5, 1999 that I did not score the highest on the test that was given. I was notified by letter on October 7, 1999 by Deanna Carroll, Recruitment Assistant, that I was not the most qualified applicant.			
III. Discrimination Statement: I believe I have been discriminated against because of my Race - Black, which is in violation of Title VII of the Federal Civil Rights Act and Chapter 760 of the Florida Civil Rights Act for the following reasons;			
1. I currently hold the position of OSML-I. I have been working in Asphalt for the past 3 years. During this time I filled in for the OSML-III whenever he was out. Additionally, from July through October 5, 1999, I temporarily took over these duties until a permanent person was selected. I had submitted a Request for Promotion in May 1999.			
2. Interviews were held August 20 - 25 for the OSML-III. The committee consisted of all White males. On October 5, 1999, I was told by Superintendent W.C. White that I did not receive the job because I did not score the highest on the test. In my opinion, the subject matter in the test did not adequately reflect the duties of the job - only one question was asked about asphalt. I don't believe many of the present supervisors would be able to pass it. A White male, Robert Lolley was given the job. He worked in a completely different area - Bridge Maintenance, while I had been doing the job for the past three months, along with three years of direct experience.			
3. When I spoke with my supervisor, Superintendent White on the following date, telling him I did not believe I was treated fairly, he then submitted a Special Recognition/Accomplishment form to Personnel for the time I served as the OSML-III. I have yet to receive an increase in my salary.			
4. Since Mr. Lolley got the job, I have already filled in for him on two occasions.			
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 <u>Wilton B Booth</u>			DATE 12-3-99

FILED
OCT 5 9 03 AM '01
DIVISION OF ADMINISTRATIVE HEARINGS

999 DEC 3 AM 11:40
FLORIDA COMMISSION ON HUMAN RELATIONS

199949 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Williams v. Alterra Living Service*

CITATION: 199949 TBD.C 004

DATE: 12/3/1999

STATE: FL

CASE NO: 2000595 (FCHR)

02-003430 (DOAH)

CASE TYPE: Employment Discrimination

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

02-3430

02 AUG 1999

CHARGE OF DISCRIMINATION		FCHR No. 2008595	
Name (Indicate Mr., Ms., or Mrs.) Mr. Budgett E. Williams - 3 F		Social Security Number 261-67-9661	Date of Birth 5-28-63
Home Address 1047 Palm View Drive		Home Telephone Number (area code) 904-767-4797	
City, State, and Zip Code South Daytona 32119		Work (if possible to call you there) —	

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

Name ALTERRA LIVING Service	No. of Employees 15+ Over	Telephone No. (area code) 904 238-3333
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Home Address 10 National Health Drive	City, State, and Zip Code Daytona Beach 32114	County Volusia
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TYPE 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 type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-20-99
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OTHER PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:
 Cause mental anguish
 hurt humiliated me in front of employees

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 Retaliation

III. DISCRIMINATION STATEMENT:
 Only Black employee or employee ask to move
 Furniture discriminated by supervisory position
 compared Black people to gorilla's
 confrontations at anytime anywhere
 worked in hostile environment.

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

RECEIVED
 FLORIDA COMMISSION
 ON HUMAN RELATIONS
 1999 DEC 3 PM 2:44

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: Budgett Williams
 DATE: 11-28-99

APPENDIX



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