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**200003 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

1/10/2000 - 1/16/2000

{MOST RECENT UPDATE: 1/13/2023}

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**200003 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Sharpe v. Nassau Terminals*

**CITATION:** 200003 TBD.C 001

**DATE:** 1/11/2000

**STATE:** FL

**CASE NO:** 2000887 (FCHR)

02-000549 (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



02-549

FLORIDA COMMISSION ON HUMAN RELATIONS  
25 John Knox Road, Suite 240, Building #  
Tallahassee, Florida 32399-1570

CHARGE OF DISCRIMINATION		FCHR No. <u>2000887</u>
Name (Indicate Mr., Ms., or Mrs.) Ms. Sheila Roswan Sharpe	<b>FILED</b>	Telephone No. (area code) (904) 277-7089
Street Address 507 S. 13th Terrace	<b>FILED</b>	Home
City, State, and Zip Code Fernandina Beach, FL 32034	Date <u>2/14/02</u>	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 Nassau Terminals	No. of Employees Approximately 100	Telephone No. (area code) (904) 261-0753
Street Address Port of Fernandina	City, State and Zip Code Fernandina Beach, FL 32034	County Nassau County

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"/> HANDICAP <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) <u>April, 1999</u>
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

- I. PERSONAL HARM
- I was injured in an on the job accident and when I was released by my treating physician to return to work my employer refused to give me light duty work even though light duty work was available.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION
- They didn't feel I could do the work.
- III. I believe I have been discriminated against because of my Handicap. I believe my rights have been violated under the American's With Disabilities Act and the Florida Civil Rights Act.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED 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.	NOTARY - (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME SHEILA R. ROSWAN  Julie Skipper-Edwards MY COMMISSION # CC797885 EXPIRES December 20, 2002 BONDED THRU TROY FAIR INSURANCE, INC.
SIGNATURE OF COMPLAINANT <u>Sheila R. Roswan Sharpe</u>	DATE <u>1-11-00</u>
11 OF January 19 00	

**200003 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Augustynowicz v. American Bankers Insurance*

**CITATION:** 200003 TBD.C 002

**DATE:** 1/11/2000

**STATE:** FL

**CASE NO:** 2000907 (FCHR)

02-003679 (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

02-3679

02  
 SEP 27 11 30 AM '99

CHARGE OF DISCRIMINATION

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

FCBR No. 20000927

HOME TELEPHONE (Include Area Code)  
 (561) 392-8941

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH  
 5650 Pacific Boulevard, Apt #114, Boca Raton, Florida 33483 11-04-60

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)
American Bankers Insurance Group	200+	(305) 253-2244

STREET ADDRESS CITY, STATE AND ZIP CODE	COUNTY
11222 Quail Roost Drive Miami, FL 33157	Dade

NAME	TELEPHONE NUMBER (Include Area Code)
------	--------------------------------------

STREET ADDRESS CITY, STATE AND ZIP CODE	COUNTY
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

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

DATE DISCRIMINATION TOOK PLACE  
 EARLIEST (ADEA/EPA)    LATEST (ALL)  
 2/99

CONTINUING ACTION

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

I was an employee of American Bankers Insurance Group for four and a half years. During this time I was subjected to unlawful sexual harassment, discrimination, and retaliation. I was harassed and intimidated on a daily basis by my supervisors, including Alan West. Additionally, I was the victim of unwelcome sexual advances and remarks. My complaints regarding West's harassment resulted in my termination in February, 1999.

I believe I have been harassed and discriminated against because of my sex, female and retaliated against after complaining about the harassment, in violation of Title VII of the Civil Rights Act of 1964, as amended.

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.	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.  Date: Jan 11 2000	SIGNATURE OF COMPLAINANT
	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

Charging Party (Signature)

**20003 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Cirru200003o v. USAA*

**CITATION:** 200003 TBD.C 003

**DATE:** 1/14/2000

**STATE:** FL

**CASE NO:** 20-03286 (FCHR)  
00-002929 (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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CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

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

FEPA  
 EEOC

15/A00766

FLORIDA COMMISSION ON HUMAN REL.

State or local Agency

and EEOC

FILED

JUL 17 AM 8:53

00-2929

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

Mr. Anthony Cirruzzo

HOME TELEPHONE (Include Area Code)

(727) 376-5569

STREET ADDRESS

CITY, STATE AND ZIP CODE

7692 Deer Foot Drive, New Port Richey, FL 34863

DATE OF BIRTH

02/23/1959

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

U S A A

NUMBER OF EMPLOYEES, MEMBERS

Cat D (501 +)

TELEPHONE (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

17200 Commerce Park Boulevard, Tampa, FL 33631

COUNTY

057

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

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

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

DATE DISCRIMINATION TOOK PLACE  
EARLIEST LATEST

02/23/1999 01/14/2000

CONTINUING ACTION

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

I. PERSONAL HARM

In September 1999, I was demoted from the position of Senior Claims Adjuster to the position of Examiner. Since February 1999, I have been denied promotions, in spite of my qualifications for the positions.

II. RESPONDENT'S REASON FOR ADVERSE TREATMENT

Sue Johnson, District Manager, told me that there was no business need for the Senior Claims Adjuster position. In reference to the promotions, I have been told that I was not the one selected.

III. DISCRIMINATION STATEMENT

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

00 EEOC-1 11 5 00  
JUL 17 1999  
FBI - TAMPA

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.

I declare under penalty of perjury that the foregoing is true and correct.

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.

SIGNATURE OF COMPLAINANT

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

Date 1/14/00 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>

**CONTACT INFORMATION**

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

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