



200006 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

1/31/2000 - 2/6/2000

{MOST RECENT UPDATE: 1/3/2023}

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200006 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Edwards v. UPS*

CITATION: 200006 TBD.C 001

DATE: 1/31/2000

STATE: FL

CASE NO: 20-01055 (FCHR)

00-004429 (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: 00004429102700i02.pdf

PAGES: 8



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

00-4429

FILED
 00 OCT 27 PM 4:37
 COMMISSION OF HUMAN RELATIONS

CHARGE OF DISCRIMINATION	FCHR No. 2001055
Name (Indicate Mr., Ms. or Mrs.) Mr. Benjamin Edwards	Telephone No. (area code) (904) 696-1936
Street Address 712 Secretariat Lane North	Home (904) 696-1936
City, State, and Zip Code Jacksonville, FL 32218	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.

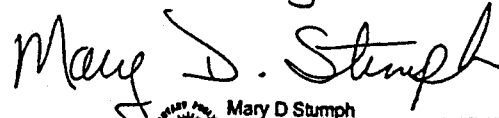
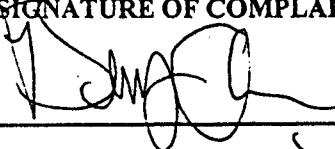
Name United Parcel Service, Inc.	No. Of Employees 15+	Telephone No. (area code) (904) 693-8391
--	--------------------------------	--

Street Address 4420 Imeson Road	City, State and Zip Code Jacksonville, FL 32219	County Duval
---	---	------------------------

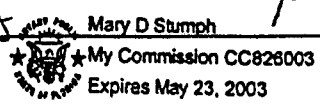
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> OTHER (SPECIFY) DISPARATE TREATMENT	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 10-6-1999
--	---

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

- I have been the victim of race discrimination and disparate treatment at United Parcel Service, Inc. I began my employment with the company on May 30, 1990. I was terminated on October 6, 1999
- I was told that I was terminated for refusal to perform job duties.
- I believe that I was discriminated against, subjected to disparate treatment and ultimately terminated because of my race, which is black. This is in violation of Title VII of the 1964 Civil Rights Act, as amended and the Florida Civil Rights Act of 1992.
- I feel this way because I worked for UPS for over nine years. I was consistently rated above average on my performance evaluations. Approximately eight months prior to my termination, Jerry Billet, a white male, was made my supervisor. Immediately upon his arrival, Mr. Billet singled me out and treated me differently than my white co-workers in every aspect of my employment, including, but not limited to the following: Mr. Billet gave me the assignments with the greatest volume of work and the least number of employees to complete the work; Mr. Billet continuously forced me to personally load the trucks instead of supervising like similarly situated white supervisors; my requests for time off to handle personal matters, a family death and illnesses, were handled differently than similarly situated white supervisors; I was the only supervisor forced to do unjustified "write-ups" on myself. Mr. Billet intentionally criticized me, humiliated me and undermined my supervisory function in front of my co-workers and subordinates.

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 31 st day of <u>January</u> , 19 <u>2000</u>  Mary D Stumph
SIGNATURE OF COMPLAINANT 	DATE 1-31-00

FL DL # E363-065-70-228-0



AFFIDAVIT

09-57-1 11 1984

I, Benjamin Edwards, hereby say:

I have been given assurances by a representative of the Florida Commission on Human Relations that this Affidavit will be considered confidential by the Agency and the U.S. Equal Employment Opportunity Commission, if applicable, and will not be disclosed as long as the case remains open unless it becomes necessary for them to produce the Affidavit in a formal proceeding. Upon the closing of this case, the Affidavit may be subject to disclosure in accordance with the Agency policies.

I am 29 years of age; my gender is male; my racial identity is black; my social security number is 261-59-0035; and my date of birth is 6-28-1970

I reside at: 1712 Secretariat Lane North, Jacksonville, FL 32218

My telephone number is (including area code): (904) 696-1936

My complaint is against: United Parcel Service, Inc.
which is located at 4420 Imeson Road, Jacksonville, FL 32219

Telephone number (including area code): (904) 693-8391

Personnel director is unknown to me. The Corporate office is located at: 55 Glenlake Parkway, NE, Atlanta, GA 30328

Telephone number (including area code):

My job classification is/was/applying for: part time supervisor

My immediate supervisor is/was: Jerry Billett

AFFIDAVIT continued

Please provide the following information:

- a. An exact diary of events leading to the problem. Be very specific as to dates, times and persons involved.
- b. Make a list of all persons having direct knowledge of the problems leading to or involved in your complaint. Include their names, addresses, telephone numbers, and the nature of the information they can provide.
- c. If you are filing based on a disability/handicap. Please state your disability/handicap, and provide a statement from your doctor.

a. I have been the victim of race discrimination and disparate treatment at United Parcel Service, Inc. I began my employment with the company on May 30, 1990. I was terminated on October 6, 1999 I was told that I was terminated for refusal to perform job duties. I believe that I was discriminated against, subjected to disparate treatment and ultimately terminated because of my race, which is black. This is in violation of Title VII of the 1964 Civil Rights Act, as amended and the Florida Civil Rights Act of 1992. I feel this way because I worked for UPS for over nine years. I was consistently rated above average on my performance evaluations. Approximately eight months prior to my termination, Jerry Billet, a white male, was made my supervisor. Immediately upon his arrival, Mr. Billet singled me out and treated me differently than my white co-workers in every aspect of my employment, including, but not limited to the following: Mr. Billet gave me the assignments with the greatest volume of work and the least number of employees to complete the work; Mr. Billet continuously forced me to personally load the trucks instead of supervising like similarly situated white supervisors; my requests for time off to handle personal matters, a family death and illnesses, were handled differently than similarly situated white supervisors; I was the only supervisor forced to do unjustified "write-ups" on myself. Mr. Billet intentionally criticized me, humiliated me and undermined my supervisory function in front of my co-workers and subordinates.

b. Jimmy Smith
c/o United Parcel Service, Inc.
4420 Imeson Road
Jacksonville, FL 32219
(904) 693-8391
Mr. Smith can attest to my job performance over the last six years.

AFFIDAVIT continued

Steve Smith
c/o United Parcel Service, Inc.
4420 Imeson Road
Jacksonville, FL 32219
(904) 693-8391

Mr. Smith can attest to my job performance over the last six years.

Frank Perry
c/o United Parcel Service, Inc.
4420 Imeson Road
Jacksonville, FL 32219
(904) 693-8391

Mr. Perry can verify the harassment I endured while employed by UPS and the fact that I was treated differently than similarly situated white supervisors.

Tonya Sandier
c/o United Parcel Service, Inc.
4420 Imeson Road
Jacksonville, FL 32219
(904) 693-8391

Ms. Sandier can verify the harassment I endured while employed by UPS and the fact that I was treated differently than similarly situated white supervisors.

Mark Lamber
c/o United Parcel Service, Inc.
4420 Imeson Road
Jacksonville, FL 32219
(904) 693-8391

Mr. Lamber can verify the harassment I endured while employed by UPS and the fact that I was treated differently than similarly situated white supervisors.

AFFIDAVIT continued

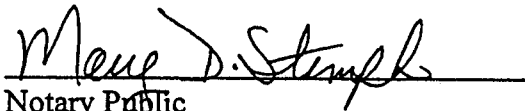
c. Not applicable.


(SIGNATURE)

FL DL# E 363-065-70-228-D

Sworn to and subscribed before me this

31st day of January, 2000



Notary Public
State of Florida at Large



Mary D Stumph
My Commission CC926003
Expires May 23, 2003

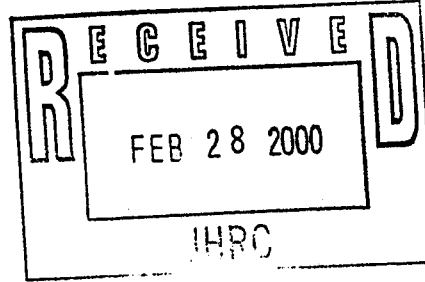
My Commission Expires _____

FCHR: 2001055

sm

CDS SYSTEM ENTRY

Cp First Name: Benjamin
Cp Last Name: Edwards
Cp Phone: 904-696-1936
Contact: 2
Filed: 020100
Assnd: 020300
Basis: RB
Issue: T2, D2
County: Duval
Counselor: A. Williams
Violation Date: 100699



=====POSSIBLE DUPLICATES=====

- FROM INTAKE---
- ~Marlene H. Tyler --- 2000683
- FROM DOCKETS---
- ~Cone a --- 990775
- ~Cotrell n --- 96L423
- FROM DEFFERALS---
- Becky D. Edwards --- 151991509

INDIVIDUAL COMPLAINT LOG

Intake Counselor

HW
(2) (3) (4) (5) (6) (7) (8) (9) (housing 09)

FILED

OCT 27 PM 4:37
DIVISION OF ADMINISTRATIVE HEARINGS

INANT-~~FROM~~MS. Benjamin Edwards
172 Secretariat Lane North
Jacksonville, FL 32218 PH# (904) 696-1996

Date Rec'd.. 2/1/00

Date Assigned 2/3/00

Date Filed 2/1/06

FCHR No. 2001055

EEOC No. _____

Basis Race Code(s) RB

PRESENTATIVE Patricia M. Dodson, Esq
Brown, Terrel, Hogan, Ellis et al
233 East Bay Street

Jacksonville, FL 32202 PH# (904) 632-2424
INDENT United Parcel Services, Inc

Issue Disc. Code(s) D2

is 4420 Ineson Road
Jacksonville, FL 32219 PH# (904) 693-8391

D.O.B. 6/28/70

S.S.N. 261-59-6035

PRESENTATIVE Robert G. Reigel, Jr, Esq.
COFFMAN, GOLDMAN, ANDREWS, Et. Al.

COUNTY Duval

ess P.O. Box 40089
TAX, Fl. 32203 PH#

DATE OF PERSONAL HARM

10/6/99

SUSPENSE:

Request for Information _____

Form to CP _____

INTAKE EXITS:

Docketing _____

Ref'd by Mail (EEOC/RUD) Ref. 1

Inability to Contact: _____

FTR _____

No Juris. _____

No FRA Viol. _____

TA _____

INTAKE CHECKLIST:

Employees _____

Timeliness _____

S/A Info _____

CP was counseled _____

FCHR Processed discussed _____

This complaint been filed with another agency Yes _____

NO, if so which agency _____

COUNSELOR NOTES: (See back) _____

Docketing Clerk: E:
Date _____

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

EEOC - Miami District Office
One Biscayne Tower, Suite 2700
2 South Biscayne Boulevard
Miami, Florida 33131

Date 3-28-00

EEOC CHARGE _____

FEPA CHARGE 20-01055

SUBJECT: CHARGE TRANSMITTAL

BENJAMIN Edwards v. United Parcel Services, Inc.
(Charging Party) (Respondent)

Transmitted herewith is a charge of employment discrimination initially received by the:

EEOC Florida Commission on Human Relations on 2-1-00
(Name of FEPA) (Date of Receipt)

Pursuant to the worksharing agreement, this charge is to be initially investigated by the EEOC.

Pursuant to the worksharing agreement, this charge is to be initially investigated by the FEPA.

The worksharing Agreement does not determine which agency is to initially investigate the charge.

EEOC requests a waiver

FEPA waives

No waiver requested

FEPA will investigate the charge initially

Please complete the bottom portion of this form to acknowledge receipt of the charge and, where appropriate, to indicate whether the Agency will initially investigate the charge.

TYPED NAME OF EEOC OR FEPA DIRECTOR

RONALD M. McELRATH

SIGNATURE

Ronald M. McElrath

(Charging Party)

(Respondent)

To whom it may concern:

This will acknowledge receipt of the referenced charge and indicate this Agency's intention to initially investigate the charge.

This will acknowledge receipt of the referenced charge and indicate this Agency's intention not to initially investigate the charge

This will acknowledge receipt of the referenced charge and request a waiver of initial investigation by the receiving agency.

This will acknowledge receipt of the referenced charge and indicate this agency's intention to dismiss/close/not docket the charge for the following reason:

TYPED NAME OF EEOC OR FEPA DIRECTOR

Federico Costales

TO: Florida Commission on Human Relations
Building F, Suite 240
325 John Knox Road
Tallahassee, Florida 32303

DATE _____

EEOC CHARGE _____

FEPA CHARGE _____

200006 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Williams v. Dollar General*

CITATION: 200006 TBD.C 002

DATE: 2/2/2000

STATE: FL

CASE NO: 9903917 (FCHR)

02-003577 (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



01-2078

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2000541	J. Moran
Name (Indicate Mr., Ms., or Mrs.) Sylvester A. Holly, Jr.		Social Security # 266-74-5780	Date of Birth 7/17/44
Street Address P. O. Box 301		Home Telephone Number (area code) 850/968-3199	
City, State, and Zip Code Cantonment, FL 32533		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 Solutia	No. of Employees 15+	Telephone No. 850/968-7000	
Street Address 3000 Chemstrand Road	City, State, and Zip Code Gonzalez, FL 32507	County Escambia	
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 checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 10/31/99	
<p>THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):</p> <p>I. Personal Harm: In approximately July of 1999 I was denied a promotion to Lead Maintenance. I was constructively discharged (forced to retire) on October 31, 1999.</p> <p>II. Respondent's Reasons for Personal Harm: No reason has been given directly to me for the discrimination. I have heard that I was considered too old and that there were enough Black employees already working in that area.</p> <p>III. Discrimination Statement: I believe I have been discriminated against because of my Race - Black and Age - over 40, 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:</p> <ol style="list-style-type: none"> 1. In July of 1999 I was passed over for a promotion, although I have over 20 years of experience. The person selected for the position was a White male, under the age of 40, with less than 5 years of experience. 2. As a result of what I perceive to be unfair labor practices, I retired on October 31, 1999. 			
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 <i>Sylvester A. Holly, Jr.</i>			DATE 1-5-00

FILED
 01 MAY 2000
 DIVISION OF ADMINISTRATIVE HEARINGS

200006 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Prather v. Mold-Ex Rubber*

CITATION: 200006 TBD.C 003

DATE: 2/3/2000

STATE: FL

CASE NO: 1999-03925 (FCHR)
01-003645 (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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FLORIDA COMMISSION ON HUMAN RIGHTS
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

01-3045

FILED
 6-25-99
 DIVISION OF
 ADMINISTRATIVE
 HEARINGS

CHARGE OF DISCRIMINATION		FCHR No. 9903925 DG
Name (Indicate Mr., Ms., or Mrs.) Ms. Stephanie L. Prather	Social Security Number 264-55-0596	Date of Birth 05-04-73
Street Address 103 West Magnolia Street Apt. # 2	Home Telephone Number (area code) 850-983-8850	
City, State, and Zip Code Milton, Florida 32570	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 Mold Ex Rubber Company	No. of Employees 15+	Telephone No. (area code) 850-626-7211
Street Address 8052 Armstrong Road	City, State, and Zip Code Milton, Fl. 32583	County Santa Rosa

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)] <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" 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) 6/4/99
---	--

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

I. PERSONAL HARM:
 I worked as a Industrial Operator until I was terminated on 6/4/99.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
 There were no light duty positions available for my restriction.

III. DISCRIMINATION STATEMENT:
 I believe I have been discriminated against because of my race and disability which is in violation of Chapter 760 of the Florida Civil Rights Act, and Title VII of the Federal Civil Rights Act for the following reason;

1. I was not reasonably accommodated for my disability, I was told by my supervisor, Mr. Nick Bores that I could re-apply after my doctor gave me a 100% release.
2. On 6/8/99 I called my attorney to let her know what was going on, and she said to ask Mr. Bores if he knew about Americans Disability Act Law, he said he did, I asked him to reconsider my termination and he said he could not do that because of their probation law.
3. I asked him to give me regular duty in the Injection Molding Department and he refused to do so.
4. Before I was terminated I asked him for a letter for my doctor so that he could determine my disability and he would not give me one.

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: *Stephanie L. Prather* DATE: 2/3/00

APPENDIX



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1	Web	TextBookDiscrimination.com/Reports/COD/

CONTACT INFORMATION

E: TextBookDiscrimination@gmail.com

W: www.TextBookDiscrimination.com

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