



200010 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

2/28/2000 - 3/5/2000

{MOST RECENT UPDATE: 5/3/2023}

E: TextBookDiscrimination@gmail.com

W: www.TextBookDiscrimination.com

visit TBD's [website](#) for the most up-to-date information

TABLE OF CONTENTS | 200010 TBD.C

ID	Caption	Page
001	<i>Willis v. City of Apopka</i>	3
002	<i>Brown v. FSU</i>	5
003	<i>Hackworth v. Debonair Cleaners</i>	7
004	<i>Ruckle v. Fern Park Development Center</i>	9
-	Appendix	11



200010 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Willis v. City of Apopka*

CITATION: 200010 TBD.C 001

DATE: 2/27/2000

STATE: FL

CASE NO: 2100899 (FCHR)

03-002689 (DOAH)

CASE TYPE: Employment Discrimination

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

FILENAME: 03002689072303i05093012.pdf

PAGES: 1

CAUSE: N



FLORIDA COMMISSION ON HUMAN RELATIONS

25 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

AMENDED CHARGE OF DISCRIMINATION		FCER No. 2100899 J. Moran
Name (Indicate Mr., Ms., or Mrs.) Robert Willis, Jr.	01 MAR - 1	Date of Birth 2/1/50
Street Address 345 West 14 th Street	03 2689	Home Telephone Number (area code) 407/886-6096
City, State, and Zip Code Apopka FL 32703	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 City of Apopka	No. of Employees 15+	Telephone No. 407/703-1731
Street Address 581 North Park Avenue	City, State, and Zip Code Apopka FL 32703	County Orange
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) 12/22/00
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):		
I. Personal Harm: On December , 2000 I was terminated from my position with Respondent.		
II. Respondent's Reasons for Personal Harm: I was accused of failing to respond to a dispatched call from the Public Services Office.		
III. Discrimination Statement: I 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 and Title VII of the Federal Civil Rights Act for the following reasons: 1. Although I was accused of not responding to a dispatched call on November 8, 2000, I did respond later. There was a breakdown in communication and I attempted to explain this via letter. However, I was suspended with pay on November 27, 2000, then ultimately terminated in December. A white employee, Tony Shapeck, has missed calls on several occasions and he has not been terminated.		
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 L. Willis, Jr.		2-27-00

200010 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Brown v. FSU*

CITATION: 200010 TBD.C 002

DATE: 2/28/2000

STATE: FL

CASE NO: 20-01104 (FCHR)

02-004175 (DOAH)

CASE TYPE: Employment Discrimination

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

FILENAME: 02004175102502i05091604.pdf

PAGES: 1

CAUSE: N



FLORENDA COMMISSION ON HUMAN RELATIONS

5 John Knox Road, Suite 240, Build. F
Tallahassee, Florida 32303-4149

02-4175

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 20011047 J. Moran

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

Social Security #
264-23-5328

Date of Birth
2/21/55

Street Address
124 Bermuda Road

Home Telephone Number (area code)
850/385-9213

City, State, and Zip Code
Tallahassee, FL 32312

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
Florida State University/Building Services

No. of Employees
15+

Telephone No. (area code)
850/644-6475

Street Address
152B MMA

City, State, and Zip Code
Tallahassee, FL 32306 - 8410

County
Leon

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) 10/7/99

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

I. Personal Harm:

On October 7, 1999, I was terminated from my position as a Laborer.

II. Respondent's Reason for Personal Harm:

I was told I was being terminated for unauthorized leave.

III. Discrimination Statement:

I believe I have been discriminated against because of my Race - Black, Sex - Male, and Retaliation, which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. I was employed with Respondent for 24 years. During my employment I suffered from a disability, of which Respondent was aware. I did have to miss work on several occasions due to this injury. I had limitations which included my not bending over excessively. I was placed in a "light duty" position which still violated my limitations. I was not adequately accommodated for my disability. As a result of my absences, I was placed on a strict plan. Shortly before my termination I needed to pick up my son. I called and left a voice mail message on the answering machine. It was not until I returned to work that I was told I was being terminated.

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

Sylvester Brown

02/28/2000

RECEIVED
 FLORIDA COMMISSION ON
 HUMAN RELATIONS
 00 FEB 28 AM 10:16

200010 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Hackworth v. Debonair Cleaners*

CITATION: 200010 TBD.C 003

DATE: 2/29/2000

STATE: FL

CASE NO: 20-00245 (FCHR)

01-004801 (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: 0100480112130105100126.pdf

PAGES: 1

CAUSE: N



FLORIDA COMMISSION ON HUMAN RIGHTS
 25 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

01-4801

CHARGE OF DISCRIMINATION		FCHR No. 2000245
Name (Indicate Mr., Ms., or Mrs.) Ms. Gloria Hackworth		Social Security Number Date of Birth 041-66-3450 07-14-63
Street Address 519 Corday St. #16 X 607 W. Belmont St		Home Telephone Number (area code) (850) 473-6584 X 850-933-4318
City, State, and Zip Code Pensacola, Florida 32503 32501		Work (if possible to call you there) AM 9:01

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

Name Debonair Cleaners	No. of Employees 15+	Telephone No. (area code) (850) 837-3977
---------------------------	-------------------------	---

Street Address 50007 N. Davis Hwy	City, State, and Zip Code Pensacola, Florida 32503	County Okaloosa
--------------------------------------	---	--------------------

CAUSE OF DISCRIMINATION BASED ON [Check appropriate box (es)] <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" 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) 04-14-99
--	---

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

I. **PERSONAL HARM:** In March of 1999 I was consistently subjected to hostile work environment caused by Manager Sue Henry. She made jokes about me and in my presence made a racial slur about a customer.

II. **RESPONDENT'S REASON FOR PERSONAL HARM:** No reason was given.

III. **DISCRIMINATION STATEMENT:** I believe I have been discriminated against because of my race-black, 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 reasons:

1. Manager Sue Henry made a joke out of the fact that I had had surgery. She said, "Hey Gloria- how much weight did you lose when they took that chunk of meat out of you?" I told her that I didn't take my health to be a joke. She said, "Gloria if I was black you would not have said anything. You know if I was black you would be laughing with me!"
2. Mrs. Henry would go into the back office and smoke a cigarette when black people would come into the store. I believe she did this because she did not like to wait on black people.
3. One of the customers complained about her pants when she came to pick them up. She snatched the pants from Mrs. Henry. Mrs Henry called her an "ignorant nigger."
4. When I refused to stay and work over my scheduled hours. Mrs. Henry threatened me, "If you mess with me. Gloria you won't have no hours at all!" I told her that if she was firing me, she needed to give it to me in writing. She refused and instead began to ask about when I would be going into the hospital. I told her that if she had read the paper I gave her instead of making a joke out of it in the first place, she would know. She just kept laughing at me.

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: Gloria Jean Hackworth DATE: 2-28-2000
 00 FEB 29 PM 12:06

200010 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Ruckle v. Fern Park Development Center*

CITATION: 200010 TBD.C 004

DATE: 3/1/2000

STATE: FL

CASE NO: 20-00952 (FCHR)

02-000691 (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: 0200069102210203074410.pdf

PAGES: 1

CAUSE: Y



FLORIDA COMMISSION ON HUMAN RELATIONS

02-691

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

AMENDED CHARGE OF DISCRIMINATION

FCHR No: 2000952 J. Moran

Name (Indicate Mr., Ms., or Mrs.)
Sharon Lee Ruckle
00 MAR -1 PM 1:38 02 FEB 21 1999
Social Security #
497-46-9319
Date of Birth
1/2/45

Street Address
31644 Bronson Road
Home Telephone Number (area code)
352/383-8359

City, State, and Zip Code
Sorrento, FL 32776
Work (if possible to call you there)
407 322-8566

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

Name RHA Health Services Inc. DBA Fern Park Developmental Center	No. of Employees 15+	Telephone No. 407/331-7231
---	-------------------------	-------------------------------

Street Address 230 Fern Park Boulevard	City, State, and Zip Code Fern Park, FL 32730	County Seminole
---	--	--------------------

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" 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) 11/30/99
--	---

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

I. Personal Harm:
During my employment with Respondent as a Health Services Director I was subjected to a sexually hostile work environment. I was ultimately terminated on November 30, 1999.

II. Respondent's Reasons for Personal Harm:
I was told I was being terminated for "non-cohesiveness." No reason was given for the sexual harassment.

III. Discrimination Statement:
I believe I have been discriminated against because of my Sex - Female, and Retaliation, 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:

1. On at least 3 occasions, male employees have told very crude and offensive jokes while around other female employees. I complained to the Administrator, who laughed and made no attempt to put a stop to the jokes. 4 or 5 hours after I complained, I was terminated.

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 *Sharon Lee Ruckle* DATE 2-26-00

APPENDIX



COPYRIGHT NOTICE

TextBookDiscrimination.com is not the author of these public documents. Instead, TextBookDiscrimination.com merely re-printed and reformatted them for easier use.

ORIGINAL SOURCE

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Original Source	FCHR.MyFlorida.com
2	Secondary Source	DOAH.State.FL.US

INTERACTIVE VERSION

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Web	TextBookDiscrimination.com/Reports/COD/

CONTACT INFORMATION

E: TextBookDiscrimination@gmail.com

W: www.TextBookDiscrimination.com

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

