



200012 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

3/13/2000 - 3/19/2000

{MOST RECENT UPDATE: 1/3/2023}

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200012 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Japngie v. Best Foods Baking*

CITATION: 200012 TBD.C 001

DATE: 3/13/2000

STATE: FL

CASE NO: 2001522 (FCHR)

02-004582 (DOAH)

CASE TYPE: Employment Discrimination

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

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02-4587
02

RECEIVED
COMMISSION ON HUMAN RELATIONS

AMENDED CHARGE OF DISCRIMINATION

CHARGE NUMBER

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

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 FEPA
 EEOC

150991896
AMENDED

FLORIDA COMMISSION ON HUMAN RELATIONS and EEOC

Name (Indicate Mr., Ms. or Mrs.) **Celestino Japngie** Telephone No. (Area Code) **(561) 389-3813**

Street Address **4411 Tellin Avenue** Date of Birth **1/25/45**

City, State, and Zip Code **West Palm Beach, FL 33406** Work (if possible to call you there)

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 **Best Foods Baking Company, Inc.** No. Of Employees **101-200** Telephone No. (area code) **(305) 836-4900**

Street Address **3325 NW 66nd Street** City, State and Zip Code **Miami, FL 33147** County **Dade**

Name No. Of Employees Telephone No. (area code)

Street Address City, State and Zip Code County

CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOX(ES))
 RACE COLOR SEX RELIGION HANDICAP
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION
DATE DISCRIMINATION TOOK PLACE
EARLIEST (ADEA/EPA) LATEST (ALL)
 CONTINUING ACTION

THE PARTICULARS ARE (if additional space is needed, attach extra sheet(s):
My name is Celestino A. Japngie, I am a 55 year old male, date of birth 1/25/45 who resides in West Palm Beach, Palm Beach County, Florida. That I am an individual with a disability, perceived disability, or record of disability in that I have suffered from a breathing disorder, namely asthma and chronic, severe bronchitis as well as Diabetes Mellitus.
I was employed by Best Foods as a mechanical foreman. I was involved in a work related automobile accident during May of 1998. When I returned to work in October of 1998, I requested and was denied a reasonable accommodation. I requested breaks to take my nebulizer treatment. I also requested an accommodation of being able to use filter masks.
I was advised by other workers and a Ms. Ervey that unless all requests for accommodation were withdrawn, I would not be retained as an employee of Best Foods. Due to my medical restrictions for my asthma condition, I was also prohibited from the midnight shift. In and around December of 1998, I was denied a reasonable accommodation and my shift was changed to the midnight shift. I believe that this action was taken in order to force me to resign and/or terminate my employment. Continued on 2nd Sheet

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
Candice M. Redman
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge

I declare under penalty of perjury that the foregoing is true and correct
Celestino A. Japngie
Charging party (signature)
Date **3-13-00**

SIGNATURE OF COMPLAINANT
Candice M. Redman
MY COMMISSION # CC882835 EXPIRES October 25, 2003 BONDED THRU TROY FARM INSURANCE, INC.
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month and year) **3-13-00**

On or about November 15, 1998, I was denied a religious accommodation. I was forced to remove an earring which was against my religious beliefs.

Further, I have been subjected to different terms and conditions of employment than my "white" co-workers. White co-workers are assigned less work and given more overtime and the largest and most technical jobs are performed by minorities.

I was involved in another work related accident during February of 1999, after returning to work, I was again denied the accommodation that I previously sought. In February, 1999, I filed a charge alleging race, disability and religious discrimination against Best Foods. The discrimination and the failure to accommodate my disability and religious beliefs continued up through the date my employment was terminated.

My employment was terminated by Best Foods on or about April 18, 1999, stating that I had inappropriately missed work.

I believe that I have been discriminated against, based upon my disability, perceived disability, or record of disability, and I have been discriminated against because of my religion and request for a religious accommodation, that I have been discriminated against because my race (other) and that I have been subjected to different terms and conditions of employment and that I have been retaliated against because of my good-faith complaints of the discrimination as described above.

A handwritten signature in black ink, appearing to be the initials 'JF' with a stylized flourish.

200012 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Torres v. Sweet Tomatoes Restaurant*

CITATION: 200012 TBD.C 002

DATE: 3/15/2000

STATE: FL

CASE NO: 2000-02137 (FCHR)
00-003018 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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200012 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Barnett v. Desoto Mobile Estates*

CITATION: 200012 TBD.C 003

DATE: 3/15/2000

STATE: FL

CASE NO: 99-W263H (FCHR)

00-003842 (DOAH)

CASE TYPE: Housing Discrimination

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

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PRATT
00-3842

U.S. Department of Housing
and Urban Development
Office of Fair Housing
and Equal Opportunity



Housing Discrimination Complaint

OMB Approval No. 2529-0011 (exp. 1/31/92)

Please type or print this form - Don't write in the shaded area

Public reporting burden for the collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3800 and to the Office of Management and Budget, Paperwork Reduction Project (2529-0011), Washington, D.C. 20503.

Instructions: Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer, or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the Regional Office covering the State where the complaint arose (see list on back of form), any local HUD Field Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number:	(check <input checked="" type="checkbox"/> applicable box):	Jurisdiction:	Signature of HUD personnel who established jurisdiction:
Filing Date:	<input type="checkbox"/> Referral and Agency (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	<input type="checkbox"/> Additional Info	

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr./Mrs./Miss./Ms.)
 MR. & MRS. WILLIE E. BARNETT
 Home Phone: 706-555-0922 Business Phone:
 MR. & MRS. DALE MARTINICHI (PAUL BADGER)
 Home Phone: (815) 244-4448

Street Address (city, county, State & zip code)
 313 MAY 7th SE THOMAS, GA 30824
 1219 BUELL AVE TABLET, FL 32435

2. Against whom is this complaint being filed? Name (last name, first name, middle initial)
 MIKE KEMP
 Address (city, county, State & zip code)
 1219 51st AVE. E. DESOTO MOBILE ESTATES

Check applicable box or boxes which describe(s) the party named above.
 Owner Broker Salesperson Supt. or Manager Bank or other Lender Other
 If individual above who appeared to be acting for a company in this case, check () this box and write the name and address of the company in the space below:
 OWNER OF DESOTO MOBILE ESTATES
 Address: 1219 51st AVE. E. BRADENTON, FL 34203

Name and address of person(s) you believe violated the law in this case:
 OWNER OF DESOTO MOBILE ESTATES

3. How did the person you are complaining against do? Check () all that apply and give the most recent date these act(s) occurred in block No. 6a below:

<input type="checkbox"/> Refuse to rent, sell, or deal with you	<input type="checkbox"/> Falsely deny housing was available	<input type="checkbox"/> Engage in blockbusting	<input type="checkbox"/> Discriminate in broker's services	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> Advertise in a discriminatory way	<input type="checkbox"/> Discriminate in financing	<input checked="" type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law	

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check () all that apply:

<input checked="" type="checkbox"/> Race or Color <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Handicap <input checked="" type="checkbox"/> Physical <input checked="" type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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5. What kind of house or property was involved? Did the owner live there? Is the house or property? What is the address of the house or property? (street, city, county, State & zip code)

<input checked="" type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property? <input checked="" type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	1219 51st AVE. E. LOT 57 BRADENTON, FL 34203 (DESOTO MOBILE ESTATES)
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

199855 Please see ATTACHMENTS

6a. When did the act(s) checked in Item 3 occur? (include the most recent date if several dates are involved)

APPENDIX



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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!

