



200017 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

4/17/2000 - 4/23/2000

{MOST RECENT UPDATE: 1/3/2023}

E: TextBookDiscrimination@gmail.com

W: www.TextBookDiscrimination.com

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

TABLE OF CONTENTS | 200017 TBD.C

ID	Caption	Page
001	<i>Augustin v. Marriott</i>	3
002	<i>Vanwhy v. Barton Protective Services</i>	5
003	<i>Weaver v. Leon County</i>	7
-	Appendix	9



200017 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Augustin v. Marriott*

CITATION: 200017 TBD.C 001

DATE: 4/16/2000

STATE: FL

CASE NO: 1999-V1905 (FCHR)
02-004049 (DOAH)

CASE TYPE: Employment Discrimination

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

FILENAME: 02004049101802i05083507.pdf

PAGES: 1



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

INS 02-4049

02 FILED
 APR 19 1998
 J. Moran

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 99-21905	J. Moran
Name (Indicate Mr., Ms., or Mrs.) Philomene Augustin		Social Security # 595-39-0484	Date of Birth 11/15/65
Street Address 5340 NE 5 Terrace, PA 4203		Home Telephone Number (area code)	
City, State, and Zip Code Pompano Beach, FL 33064		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 Marriott	No. of Employees 15+	Telephone No. 954/698-9004
Street Address 3001 Deercreek Country Club Boulevard	City, State, and Zip Code Deerfield Beach, FL 33442	County Broward

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) 7/23/98
---	--

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

I. Personal Harm:
 On July 23, 1998, I was terminated from my position as a Certified Nursing Assistant. I was also subjected to verbal harassment.

II. Respondent's Reasons for Personal Harm:
 I was told I was being terminated for patient abuse..

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 for the following reasons:

1. Although I was accused of patient abuse, I have a letter from the Department of Children & Families which states that this allegation is unfounded.
2. During this time, 4 other Black employees were terminated. No White employees were discharged. I also heard a supervisor say "we need to get these Blacks out of here."

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: *Philomene Augustin* DATE: A-16-00

200017 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Vanwhy v. Barton Protective Services*

CITATION: 200017 TBD.C 002

DATE: 4/19/2000

STATE: FL

CASE NO: 2001049 (FCHR)

03-001739 (DOAH)

CASE TYPE: Employment Discrimination

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


FILENAME: 03001739051503I05145531.pdf

PAGES: 1



FLORIDA COMMISSION ON HUMAN RELATIONS

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

CHARGE OF DISCRIMINATION		FCHR No. 2001049	
Name (Indicate Mr., Ms., or Mrs.) Theresa Vanwhy		Social Security Number 26	Date of Birth 11/17/68
Street Address 9177 John Hamm Road		Home Telephone Number (area code) (850) 626-7808	
City, State, and Zip Code Milton, Florida 32583		Work (if possible to call you there) (850) 983-5245	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Barton Protective Services, Inc.		No. of Employees 15+	Telephone No. (area code) (850) 936-4600
Street Address 9218 Navarre Parkway Unit B		City, State, and Zip Code Navarre, Florida 32566	County Santa Rosa
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) 020900	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
<p>I. Personal Harm: I was subjected to sexual harassment on June 25, 1999. Following this incident, I was constantly subjected to a hostile work environment created by the personnel manager, co-workers, and plaza managers. I believe the harassment, disparate treatment, and harsh discipline I became a victim of was because in retaliation to my complaints. I was constructively discharged on February 9, 2000.</p> <p>II. Respondent's reason for Personal Harm: No reason was given.</p> <p>III. Discrimination Statement: I believe I was discriminated against based on my Gender-Female and that I also suffered retaliation, which are violations of the Florida Statute 760.10, and Title VII of the Federal Civil Rights Act of 1992, as amended for the following reason(s):</p> <ol style="list-style-type: none"> 1. I was sexually harassed. This harassment included: unwelcome propositions, view of explicit and offensive pictures posted on state property, and rude and offensive comments about my body. 2. I was retaliated against by employees of Barton Protection Services when I was transferred from the first to the second shift without warning. I was constantly the subject of slander, and I was written up for false allegations. I received a proposal to quit or be fired. 3. I was constructively discharged by Barton Protective Services, Inc. 			
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	
		4/14/2000	

200017 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Weaver v. Leon County*

CITATION: 200017 TBD.C 003

DATE: 4/20/2000

STATE: FL

CASE NO: 20-01803 (FCHR)

01-001610 (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"/>	<input checked="" type="checkbox"/>	

FILENAME: 01001610043001i03.pdf

PAGES: 1



FLORIDA COMMISSION ON HUMAN RELATIONS

525 John Knox Road, Suite 240, Building 2
Tallahassee, Florida 32303-4149

20-01803

CHARGE OF DISCRIMINATION		FCHR No. FILED A. Williams
Name (Indicate Mr., Ms., or Mrs.) Dr. James Weaver		Social Security Number 227-56-7619 Date of Birth 06/13/44
Street Address P.O. Box 6935		Home Telephone Number (area code) (850) 877-4088
City, State, and Zip Code Tallahassee, FL 32314-6935		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 Leon County School Board	No. of Employees 15+	Telephone No. (area code) (850) 487-7309
Street Address 2757 West Pensacola	City, State, and Zip Code Tallahassee, FL 323004	County Leon
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 checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 03/31/00
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s): I. <u>PERSONAL HARM:</u> During April 1999 through March 2000 I was denied numerous teaching positions. II. <u>RESPONDENT'S REASON FOR PERSONAL HARM:</u> In the past, I was told by Respondent's Attorney that I was not hired due to my teaching performance in 1990 and 1991. My teaching performance was never evaluated in 1991 regarding the last teaching position that I held with Respondent.) III. <u>DISCRIMINATION STATEMENT:</u> I believe I have been discriminated against because of my Race/Black, Sex/Male, Age, Marital Status/Single and Retaliation 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 Throughout the past year I have applied for several teaching positions, however I have never received an interview nor offered a position. These positions have been filled with either non-blacks, females, younger or single applicants. 2 I believe I am being retaliated against because I filed (and prevailed) a racial and sexual discrimination lawsuit against Respondent.		
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
Dr. James J. Weaver		April 20, 2000

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 APR 20 AM 11:20

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!

