



200031 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

7/24/2000 - 7/30/2000

{MOST RECENT UPDATE: 5/3/2023}

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200031 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Jensen v. Tetra Tech*

CITATION: 200031 TBD.C 001

DATE: 7/26/2000

STATE: FL

CASE NO: 20-03387 (FCHR)
02-004583 (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

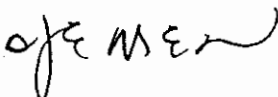
CAUSE: N



FLORIDA COMMISSION ON HUMAN RELATIONS

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

02-4583

CHARGE OF DISCRIMINATION		FCHR No. <u>2003387</u> DG	
Name (Indicate Mr., Ms., or Mrs.) Sharon R. Jensen		Social Security Number 258-76-9365	Date of Birth 11-14-46
Street Address 1142 Alachua Avenue		Home Telephone Number (area code) 850-412-9224	
City, State, and Zip Code Tallahassee, Florida 32308		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 Tetra Tech		No. of Employees 15+	Telephone No. (area code) 850-385-9899
Street Address 1401 Oven Park Dr.		City, State, and Zip Code Tallahassee, Florida 32312	County Leon
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) 07/25/00	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):			
I. PERSONAL HARM: I was terminated from my position as Administrative Assistant on July 25, 2000.			
II. RESPONDENT'S REASON FOR PERSONAL HARM: I was given a written warning on June 29, 2000 stating, I needed to improve in several areas of my job duties.			
III. DISCRIMINATION STATEMENT: I believe I have been discriminated against because of my sex 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. In August of 99, I reported several occurrences of sexual harassment against me by one of my co-workers (Merv Dale). Since then it has taken systematic steps toward me in an effort to make it appear as though I do not have the skills required to perform my job.			
2. I have worked for this company since February of 1998 and I transferred from the Jacksonville Office, May 2000. Before reporting the sexual harassment, there was no indication that the company had complaints about my work. Since reporting the harassment I have been working in a very hostile environment. I reported the harassment to Faye Thompson who is the Human Resource Manager. Ms. Thompson told me that she would monitor the situation.			
3. On July 25, 2000, I was called into the office by Richard May, (Senior Regional Manager) to inform me that there had been no improvement concerning my job duties so therefore he was terminating my employment. Nothing was ever done to the co-worker that sexually harassed 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		DATE	
		07-26-2K	

07/26 PM 5:59

200031 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Ellis v. Village Methodist Day School*

CITATION: 200031 TBD.C 002

DATE: 7/27/2000

STATE: FL

CASE NO: 2102881 (FCHR)

02-003498 (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

CAUSE: N



02-3498

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

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2102881	J.M.M.
Name (Indicate Mr. Ms. or Mrs.) Ms. Lindaura P. Ellis		Social Security #	Date of Birth 4-4-60
Street Address 1161 Southwest 73 rd Avenue		Home Telephone Number (area code) (954) 726-3463	
City, State, and Zip Code Northland, FL 33068		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 Village Methodist Day School		Date 9/10/02	Number of Employees 15+
Telephone Number (954) 721-3920		City, State and Zip Code Northland, FL 33068	
Street Address 100i Southwest 71 st Avenue		County Broward	
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 type="checkbox"/> DISABILITY <input checked="" 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) 8-17-00	

Division of Administrative Hearings
01 JUL 30 PM 3:54
FILED

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

I. Personal Harm:
On August 17, 2000, I was terminated from my position at Village Methodist Day School.

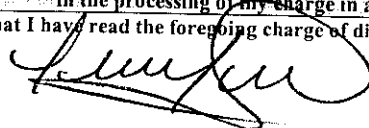
II. Respondent's Reason for Personal Harm
My supervisor, Louise Brand, stated Hispanics are only good for cleaning.

III. Discrimination Statement:
I believe I have been discriminated against because of my national origin (Hispanic) which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. Ms. Brand only assigned me to cleaning duties. She stated that Hispanics are only good for cleaning. I was the only Hispanic that she treated this way. When I hurt my back, my doctor sent her a letter restricting me from lifting heavy objects and cleaning. She continued to assign me to cleaning duties.
2. I believe I was treated differently because of my race. Other employees of a different race were not treated this way.

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 7-27-00

200031 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Davis v. Pitney Bowes*

CITATION: 200031 TBD.C 003

DATE: 7/27/2000

STATE: FL

CASE NO: 20-01836 (FCHR)

02-004217 (DOAH)

CASE TYPE: Employment Discrimination

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

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CAUSE: N



FLOI COMMISSION ON HUMAN RIGHTS

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

02-4217

CHARGE OF DISCRIMINATION

FCHR No. 2001836 A. Williams

Name (Indicate Mr., Ms., or Mrs.)
Mr. Willie Davis, III

Social Security Number | Date of Birth
262-57-5928 | 66/06/61

Street Address
1465 NW 19th Terrace Apt. 209

Home Telephone Number (area code)
(305) 326-8545

City, State, and Zip Code
Miami, FL 33125

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
Pitney Bowes Management

No. of Employees
15+

Telephone No. (area code)
(305) 827-7248

Street Address
5875 NW 163rd Street

City, State, and Zip Code
Miami, FL 33015

County
Dade

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) 05/21/99

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

I. PERSONAL HARM:

On May 21, 1999 I was terminated while in my position as a Customer Service/Mail Handler.

II. RESPONDENT'S REASON FOR PERSONAL HARM:

I was told that I was terminated due to tardiness.

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 reason;

- I was told that I was terminated because of excessive tardiness, however, other non-blacks were always walking off the job without authorization, no shows as well as tardy. The non-blacks were never terminated nor disciplined for their actions.

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

Willie Davis III

DATE 7/21/2000

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MAY 21 1999
PM 3:17

200031 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Lewis v. West Florida Hospital*

CITATION: 200031 TBD.C 004

DATE: 7/25/2000

STATE: FL

CASE NO: 20-02116 (FCHR)

01-002082 (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: 01002082052501i02.pdf

PAGES: 1

CAUSE: Y



FLORIDA COMMISSION ON HUMAN RELATIONS

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

01-2082

CHARGE OF DISCRIMINATION		FCHR No. 2002116 DG	
Name (Indicate Mr., Ms., or Mrs.) Mary Gay Lewis		Social Security Number 266-1390160	Date of Birth 11-24-53
Street Address 5632 Northrop Road		Home Telephone Number (area code) 850-983-6450	
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 West Florida Hospital	No. of Employees 15+	Telephone No. (area code) 850-494-4000	
Street Address North Davis Hwy	City, State, and Zip Code Pensacola, Florida 32504	County Escambia	
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"/> 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) 12/99	
<p>THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):</p> <p>I. PERSONAL HARM: I was terminated from my position as Part-time Registered Nurse-Float Registered Nurse at West Florida Hospital on December 1999.</p> <p>II. RESPONDENT'S REASON FOR PERSONAL HARM: West Florida Hospital stated I was not able to return to work.</p> <p>III. DISCRIMINATION STATEMENT: I believe I have been discriminated against because of my age 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:</p> <ol style="list-style-type: none"> 1. Because of my disability, West Florida Hospital terminated my employment. I proposed several reasonable accommodations requests, all of which were rejected with the exception of a voluntary demotion with the stipulation that an accommodation of more time to chart be given until I gained increased proficiency in my new position which, however, was never honored. 2. West Florida Hospital made false undocumented reports to the State Nursing Board pertaining to my disability. 3. After receiving authorization from my doctor to return to work, my job required a second opinion, although upon clarification even this second opinion did not preclude me from returning to work, they refused to reinstate me to my original position. Because of the on going treatment of my disability, I was instantly stereotyped as "incapable". I was told I was not working fast enough and I spent to much time with the patients. <p align="center">I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).</p> <p>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.</p>			
SIGNATURE OF COMPLAINANT		DATE	
<i>Mary Gay Lewis RN</i>		1/25/2000	

MAY 25 PM 1:44
DIVISION OF ADMINISTRATIVE HEARINGS

MAY 27 11:12:58

APPENDIX



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CONTACT INFORMATION

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W: www.TextBookDiscrimination.com

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