



200040 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

9/25/2000 - 10/1/2000

{MOST RECENT UPDATE: 9/8/2023}

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200040 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Davis v. DOT*

CITATION: 200040 TBD.C 001

DATE: 9/29/2000

STATE: FL

CASE NO: 20-04127 (FCHR)

02-000241 (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
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

02-241

CHARGE OF DISCRIMINATION		FCHR No. DG <i>2004127</i>	
Name (Indicate Mr., Ms., or Mrs.) Joseph B. Davis		Social Security Number 263-72-3697	Date of Birth 08/17/52
Street Address 209 South Tippett Drive		Home Telephone Number 850-584-7091	
City, State, and Zip Code Perry, Florida 32347			
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Dept. Of Transportation		No. of Employees 15+	Telephone No. (area code) 850-838-5800
Street Address 657 Plantation Road		City, State, and Zip Code Perry, Florida 32347	County Taylor
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) 10/05/99	
<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 a Supervisor II in the Maintenance Department.</p> <p>II. RESPONDENT'S REASON FOR PERSONAL HARM: Bobby Johns told me I was being terminated because I created racial hostile environment.</p> <p>III. DISCRIMINATION STATEMENT: I believe I have been discriminated against because of my race (white) 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> <p>1. I was called by radio to report to the office on October 5, 1999, I met with John Harris (Maintenance Engineer), Rick Davis (Assistant Engineer), Bobby Johns (District Engineer), Cherilyn Moses (Secretary) inside John Harris's Office. I was told by Bobby Johns as of 5:30 p.m. today I was terminated due to accusations.</p> <p>2. There were five white guys called in and one black guy by the name of George Ford. All five white guys were terminated and the black guy was given three days off without pay. After he reported back to work he was given a promotion.</p> <p>3. If I had been involved in any type of racial accusations, there would have been a procedure to follow, which would not have been termination for the first occurrence. I have never received a verbal or written warning out of my twenty-seven years of employment with this company.</p> <p>4. Bobby Johns told me it might be possible for me to get a job with Lake City or Live Oak Department of Transportation with a cut in pay. I told Bobby you are offering me a job, and you just terminated me. I believe I was treated this way because of my race, white.</p>			
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	
<i>Joseph B Davis</i>		<i>9-29-80</i>	

00 SEP 29 PM 2:14

200040 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Marquis v. West Florida Hospital*

CITATION: 200040 TBD.C 002

DATE: 9/28/2000

STATE: FL

CASE NO: 20-03724 (FCHR)

03-001276 (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:



FLORIDA COMMISSION ON HUMAN RELATIONS

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

03-1276

CHARGE OF DISCRIMINATION		FCHR No. 2003724 Amended DG	
Name (Indicate Mr., Ms., or Mrs.) Jack S. Marquis, D.P.M.		Social Security Number 03 APR -9 PM 1:30 0988-2 1112 21	Date of Birth
Street Address 2043 Hamilton Crossing Drive		Home Telephone Number (area code) 850-968-6900	
City, State, and Zip Code Cantonment, Florida 32533-5813		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 Medical Center Clinic, PA	No. of Employees 15+	Telephone No. (area code) 850-474-8272
Street Address 8333 North Davis Hwy.,	City, State, and Zip Code Pensacola, Florida 32514	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 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) 09/01/99
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THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

I. PERSONAL HARM:
My contract was not renewed with the West Florida Medical Center Clinic as a Podiatrist as of September 1, 1999.

II. RESPONDENT'S REASON FOR PERSONAL HARM:
I was told it was a Quality Assurance Issue with West Florida Regional Medical Center Hospital.

III. DISCRIMINATION STATEMENT:
I believe I have been discriminated against because of my age 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 discussed this supposed QA issue with both the Hospital's Medical Director and the QA Specialist and was told that there was no QA issues past, pending or present.
2. I found out that the Medical Center hired a female Podiatrist. The new Podiatrist was in her late 30's and I am 54 years of age.
3. During the months of July and August of 1999, my patient load diminished artificially because of efforts of the Orthopedic Schedulers who were directed to divert patients to the other Podiatrist. This act prevented me from meeting the Clinic's formula for my collections. During the middle of July I was called into the Administration Office and told that my termination would be September 1, 1999, instead of October 1, 1999.
4. I believe age was a motivating factor in my termination. I had developed a Podiatry Clinic from nothing and it was given to a younger Podiatrist, without any compensation.

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
Jack S. Marquis DPM

DATE
9/28/2000

200040 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Lairsey v. Leon County*

CITATION: 200040 TBD.C 003

DATE: 9/26/2000

STATE: FL

CASE NO: 20-04086 (FCHR)

02-001441 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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CAUSE: N



02-1441

AMENDED CHARGE OF DISCRIMINATION		FCHR No. J. Moran 2004086	
(Indicate Mr., Ms., or Mrs.) Donald Lairsey		Division of Administrative Hearings FILED 54-47 491-5 4-10-02 Date	Social Security # 264-23-6154
Home Address Smith Creek Road		Date of Birth 7/25/54	
State, and Zip Code Tallahassee FL 32310		Home Telephone Number 850/350-1116	
Name of the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
County Sheriff's Office		No. of Employees 15+	Telephone No. (area code) 850/922-3300
Address Municipal Way		City, State, and Zip Code Tallahassee, FL 32304	County Leon
TYPE OF DISCRIMINATION BASED ON (Check appropriate box (es)) 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 <input type="checkbox"/>			DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8/24/00

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

Personal Harm:
 August 16, 2000, I was told I could no longer work with Respondent.

Respondent's Reasons for Personal Harm:
 accused of giving contraband to inmates (chicken).

Discrimination Statement:
 I believe I have been discriminated against because of my Race - White, 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:
 I was a contract employee for the Sheriff's Department through the City of Tallahassee. On August 16, 2000, an employee of Popeye's provided chicken for the inmates who had helped us. I gave them the chicken. This is a common practice - I know of at least four (4) black employees who have provided contraband for the inmates without being disciplined. I was subsequently terminated for giving contraband to the inmates.

00 SEP 26 PM 1:28

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

Use 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
 Donald H. Lairsey

DATE
 9/26/2000

APPENDIX



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