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**200044 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

10/23/2000 - 10/29/2000

{MOST RECENT UPDATE: 1/13/2023}

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**200044 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Williams v. C.A. Meur Corporation*

**CITATION:** 200044 TBD.C 001

**DATE:** 10/24/2000

**STATE:** FL

**CASE NO:** 21-00112 (FCHR)

03-002655 (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"/>		

**FILENAME:** 03002655071803i05142108.pdf

**PAGES:** 1



**FLORIDA COMMISSION ON HUMAN RELATIONS**

325 John Knox Road, Suite 240, Building 1  
Tallahassee, Florida 32303-4149

**AMENDED CHARGE OF DISCRIMINATION**

FCHR No. 2100127 J. Moran

Name (Indicate Mr., Ms., or Mrs.)  
Jerome Williams

Social Security #

Date of Birth  
6/30/59

Street Address  
705 Sapodilla Avenue

Home Telephone Number (area code)  
651/535-1834 (pager)

City, State, and Zip Code  
West Palm Beach FL 33401

Work (if possible to call you there)

03-26-99 AM 9:11  
DIVISION OF ADMINISTRATIVE HEARINGS

03-2655

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

Name  
C.A. Meur Corp.

No. of Employees  
15+

Telephone No.  
( ) 659-1440

Street Address  
207 Royal Poinciana Way

City, State, and Zip Code  
West Palm Beach FL

County  
Palm Beach

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) 10/10/99

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

**I. Personal Harm:**

On October 10, 1999 I was terminated from my position with Respondent.

**II. Respondent's Reasons for Personal Harm:**

I was told that I could not do my job.

**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. I worked for Respondent for 7 years. Towards the end of my employment my supervisors began acting differently - assigning me duties outside of my normal responsibilities. Shortly thereafter I was terminated. I later found out that I was replaced with younger, white employees for less pay.

RECEIVED  
FLORIDA COMMISSION ON  
HUMAN RELATIONS  
00 OCT 24 PM 1:57

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

*Jerome Williams*

10-19-00

**200044 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Kay v. Polk County*

**CITATION:** 200044 TBD.C 002

**DATE:** 10/26/2000

**STATE:** FL

N/A (FCHR)

**CASE NO:**

01-002591 (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:** 01002591070201i04.pdf

**PAGES:** 2



# CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

 FEPA  
 EEOC

151A10181

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

Florida Commission on Human Rel.

and EEOC

State or local Agency, if any

FILED

01-2591

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Ms. Donna J. Kay

01 JUL -2 PM 2:09(863) 297-5122

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

1533 Ave. G N. E., Winter Haven, FL 33881

09/22/1953

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

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Polk Cnty Board Of Cnty Commission

Cat D (501 +)

(941) 534-4360

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

Dept Of Human Services, 1290 Golfview Avenue, Bartow, FL 33830

105

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE

 RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  
 RETALIATION  AGE  DISABILITY  OTHER (Specify)EARLIEST LATEST  
11/16/1999 11/16/1999 CONTINUING ACTION

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

I. On November 16, 1999, I submitted a response regarding an internal EEO complaint filed against me for alleged race discrimination. On January 5, 2000, I received a written reprimand because of my response. Since that time, I have been subjected to derogatory comments and threats against my job. I have been employed since October 19, 1989.

II. Ann Darby, Division Director, indicated in the written reprimand that my response challenged the EEO investigator. Ms. Darby has made it clear that it is her job to intergrate the department and that I will know all about slavery.

III. I believe that I have been discriminated against due to my race, white, and retaliated against for participating in an internal EEO investigation regarding race discrimination, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I 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 cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I declare under penalty of perjury that the foregoing is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Date

Charging Party (Signature)

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Month, day and year)

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Florida Commission on Human Relations  
325 John Knox Road  
Bldg. F, Room 240  
Tallahassee, FL 32399

RECEIVED  
FLORIDA COMMISSION ON  
HUMAN RELATIONS  
00 NOV 20 PM 1:21  
01 JUL -2 PM 2:09

DATE 11/03/2000  
EEOC CHARGE 151A10181  
FEPA CHARGE

DIVISION OF  
ADMINISTRATIVE  
HEARINGS



SUBJECT: CHARGE TRANSMITTAL

Kay, Donna J v. Polk Cnty Board Of Cnty Commission  
(Charging Party) (Respondent)

Transmitted herewith is a charge of employment discrimination initially received by the:

EEOC  \_\_\_\_\_ on 10/26/2000  
(Name of FEPA) (Date of Receipt)

Pursuant to the worksharing agreement, this charge is to be initially investigated by the EEOC.

Pursuant to the worksharing agreement, this charge is to be initially investigated by the FEPA.

The worksharing agreement does not determine which agency is to initially investigate the charge.

EEOC requests a waiver

FEPA waives

No waiver requested

FEPA will investigate the charge initially

Please complete the bottom portion of this form to acknowledge receipt of the charge and, where appropriate, to indicate whether the Agency will initially investigate the charge.

TYPED NAME OF EEOC OR FEPA DIRECTOR: Manuel Zurita  
SIGNATURE: *Manuel Zurita*

Kay, Donna J v. Polk Cnty Board Of Cnty Commission  
(Charging Party) (Respondent)

To whom it may concern:

This will acknowledge receipt of the referenced charge and indicate this Agency's intention to initially investigate the charge

This will acknowledge receipt of the referenced charge and indicate this Agency's intention not to initially investigate the charge

This will acknowledge receipt of the referenced charge and request a waiver of initial investigation by the receiving agency.

This will acknowledge receipt of the referenced charge and indicate this agency's intention to dismiss/close/not docket the charge for the following reason:

TYPED NAME OF EEOC OR FEPA DIRECTOR: Derick Daniel  
SIGNATURE: *Derick Daniel*

TO: EEOC - Tampa Area Office  
501 East Polk Street  
Room 1020  
Tampa, Florida 33602

DATE \_\_\_\_\_  
EEOC CHARGE 151A10181  
FEPA CHARGE \_\_\_\_\_

**200044 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Banks v. Leon County*

**CITATION:** 200044 TBD.C 003

**DATE:** 10/27/2000

**STATE:** FL

**CASE NO:** 2003247 (FCHR)

03-002101 (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"/>		

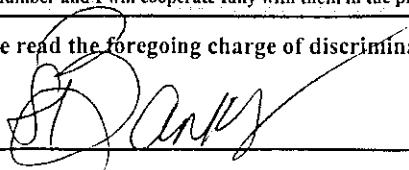
**FILENAME:** 03002101060403I05141602.pdf

**PAGES:** 1





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

AMENDED CHARGE OF DISCRIMINATION		RECEIVED FLORIDA COMMISSION ON HUMAN RELATIONS 03		FCHR No. 2003247	J. Moran
Name (Indicate Mr., Ms., or Mrs.) Shandra Banks		Social Security # [redacted]		Date of Birth 5/30/71	
Street Address 3257 Mound Drive		00 OCT 27 PM 3:52		Home Telephone Number 850/422-1431 668-092	
City, State, and Zip Code Tallahassee FL 32308		03-2101		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 Board of County Commissioners		No. of Employees 15+		Telephone No. (area code) 850/488-7222	
Street Address 301 S. Monroe Street		City, State, and Zip Code Tallahassee FL 32301		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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION				DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 4/21/00	
<b>THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):</b>					
<b>I. Personal Harm:</b> On April 21, 2000, I was constructively discharged (forced to resign) from my position as a Fiscal Assistant.					
<b>II. Respondent's Reasons for Personal Harm:</b> I was told by my supervisor that school was the reason for the decrease in my performance.					
<b>III. Discrimination Statement:</b> I believe I have been discriminated against because of my Sex - Female, Race - Black and Retaliation which is in violation of Chapter 760 of the Florida Civil Rights Act for the following reasons;					
1. Between March 1998 and December 1999, I was the only female working in the Pretrial Release Office. During this time frame I was subjected to degrading comments regarding women. For example, comments were made to clients about my weight, and references were made about cooking and cleaning. I was verbally disciplined in front of staff. Male employees were not disciplined in this manner.					
2. I was given a poor performance evaluation. My supervisor conducted the evaluation in the parking garage. My written evaluation had a negative rating, and I was not given a chance to respond. To my knowledge no other employee received their evaluation in a parking garage. The reason given for my poor rating was because I am in school. However, a white male (Jim Gilhooley) and female employee (Melissa Nunick) are also in school and both received outstanding ratings. Ms. Nunick was actually banned from her work place because, among other things, she cursed out a superior officer. She was transferred to our office but allowed to maintain her position. Mr. Gilhooley has missed work without reporting in more than once.					
3. Shortly after complaining about the differential treatment, I began to experience several forms of retaliation. For instance, I was asked to stop parking in front of the building since this was only for managers. However, I noticed several non-management employees who continued to park there.					
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	
				10/27/00	

APPENDIX



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**ORIGINAL SOURCE**

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Original Source	<a href="http://FCHR.MyFlorida.com">FCHR.MyFlorida.com</a>
2	Secondary Source	<a href="http://DOAH.State.FL.US">DOAH.State.FL.US</a>

**INTERACTIVE VERSION**

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Web	<a href="http://TextBookDiscrimination.com/Reports/COD/">TextBookDiscrimination.com/Reports/COD/</a>

**CONTACT INFORMATION**

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W: [www.TextBookDiscrimination.com](http://www.TextBookDiscrimination.com)

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

