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**200048 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

11/20/2000 - 11/26/2000

{MOST RECENT UPDATE: 9/8/2023}

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**200048 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Thompson v. DOS*

**CITATION:** 200048 TBD.C 001

**DATE:** 11/24/2000

**STATE:** FL

**CASE NO:** 21-00457 (FCHR)  
01-002624 (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:** 01002624070501i02.pdf

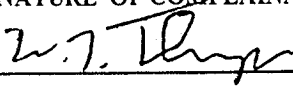
**PAGES:** 1

**CAUSE:**



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

01-2624

<b>AMENDED CHARGE OF DISCRIMINATION</b>		FCHR No. 2100457 J. Moran	
Name (Indicate Mr., Ms., or Mrs.) William Thompson		Social Security # 415-08-6218	Date of Birth 1/31/55
Street Address 7439 Northpointe Boulevard		Home Telephone Number (area code) 850/477-6576	
City, State, and Zip Code Pensacola FL 32514		Work (if possible to call you there) ADMINISTRATIVE HEARINGS	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Historic Pensacola Preservation Board	No. of Employees 15+	Telephone No. 850/595-5985	
Street Address 120 E Church Street	City, State, and Zip Code Pensacola FL 32501	County Escambia	
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 checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 10/26/00 - cont.	
<p><b>THE PARTICULARS ARE</b> (If additional space is needed, attach extra sheet(s):</p> <p><b>I. Personal Harm:</b> After interviewing October 26, 2000, I was denied a promotion.</p> <p><b>II. Respondent's Reasons for Personal Harm:</b> No reason was given for the discrimination.</p> <p><b>III. Discrimination Statement:</b> I believe I have been discriminated against because of my Age - 40+ and Sex - Male which is in violation of Chapter 760 of the Florida Civil Rights Act as amended and Title VII of the Federal Civil Rights Act for the following reasons:</p> <p>1. A younger, less qualified female employee was given the promotion. In addition, during my interview on October 26, 2000, Mr. John Daniels, Director, asked me "what made you decide to return to school at your age?" I feel this was an inappropriate question</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
			11/24/00

**200048 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Huff v. Stetson University*

**CITATION:** 200048 TBD.C 002

**DATE:** 11/25/2000

**STATE:** FL

**CASE NO:** 21-00337 (FCHR)

03-002100 (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**

**FILED**  
 JUN 4 AM

**AMENDED CHARGE OF DISCRIMINATION**

FCHRC No. 2100337 J. Moran

Name (Indicate Mr., Ms., or Mrs.)  
 Barthel Wayne Huff

03-2100

Social Security # \_\_\_\_\_ Date of Birth  
 1/3/36

Street Address  
 5686 South Park Place East

Home Telephone Number (area code)  
 801 278-6156

City, State, and Zip Code  
 Salt Lake City FL 84121

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  
 Stetson University, Dept. of Math & Computer Science

No. of Employees  
 15+

Telephone No.  
 904/822-7551

Street Address  
 421 North Woodland Boulevard, Unit 8332

City, State, and Zip Code  
 Deland FL 32720-3756

County

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) 5/23/00

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

**I. Personal Harm:**

On May 23, 2000, I was notified that I had not been selected for the position of a Mathematics Professor.

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

No reason was given for the discrimination.

**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 as amended and Title VII of the Federal Civil Rights Act for the following reasons:

1. I have a Ph.D. in mathematics. I have many years of full time teaching experience at the college/university level and enjoy the reputation of being an excellent teacher. I have also published papers and conduct research regularly. However, I was not considered for the position that I applied for. I was simply told that I did not make the first cut.

RECEIVED  
 FLORIDA COMMISSION ON  
 HUMAN RELATIONS  
 NOV 30 PM 2:06

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

*Barthel Wayne Huff*

11/25/00

**200048 TBD.C 003**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Golphin v. Walmart*

**CITATION:** 200048 TBD.C 003

**DATE:** 11/20/2000

**STATE:** FL

**CASE NO:** 23-03079 (FCHR)  
03-003146 (DOAH)

**CASE TYPE:** Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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**PAGES:** 1

**CAUSE:** N



03-3146

# CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

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

FEPA  
 EEOC

Florida Commission on Human Rel. and EEOC  
State or Local Agency, if any

FILED  
03 SEP -3 AM 8:15  
RECEIVED  
FLORIDA COMMISSION ON HUMAN RELATIONS  
00 NOV 27 PM 3:23

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

HOME TELEPHONE (Include Area Code)

Mr. Rhueben J. Golph

(813) 910-2781

STREET ADDRESS

DIVISION OF ADMINISTRATIVE HEARINGS

CITY, STATE AND ZIP CODE

P. O. Box 172052, Tampa, FL 33672

DATE OF BIRTH

12/23/1956

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)

Wal Mart, Inc.

Cat D (501 +)

(813) 558-0994

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

2701 East Fletcher Avenue, Tampa, FL 33612

057

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

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

RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  
 RETALIATION  AGE  DISABILITY  OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE

EARLIEST 09/14/2000 LATEST 10/26/2000  
*Began working*

CONTINUING ACTION

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

Personal Harm: *Began working October 2, 2000.*

Approximately September 14, 2000, I was injured on the job and no Injury Report was made and I was not placed on light duty. On October 26, 2000, I was demoted from my position of Sales Associate, to the position of People Greeter.

Respondent's Reason For Adverse Action:

Betty (last name unknown), Houseware Department Manager did not provide a reason for not completing an Injury Report and for not placing me on light duty as they did for Millie (last name unknown), Hispanic, female. William Rodriguez, former Assistant Manager, informed me that I was demoted because Betty (last name unknown), informed him that I was not doing anything. No reason was provided as to why Millie was treated more favorably.

Discrimination Statement:

I believe that I was discriminated against on the basis of my race, Black and sex, male, 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 swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

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

SIGNATURE OF COMPLAINANT

*Rhueben J. Golph*

*Rhueben J. Golph*

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

Date *X* Charging Party (Signature)

*20 NOV 2000*



APPENDIX



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2	Secondary Source	<a href="http://DOAH.State.FL.US">DOAH.State.FL.US</a>

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<u>#</u>	<u>Item</u>	<u>Link</u>
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**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!

