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**200116 TBD.C**  
**'CHARGES OF DISCRIMINATION'**

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Unofficial Reporter

4/16/2001 - 4/22/2001

{MOST RECENT UPDATE: 1/19/2023}

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**200116 TBD.C 001**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Williams v. Samari Lake East Condo*

**CITATION:** 200116 TBD.C 001

**DATE:** 4/18/2001

**STATE:** FL

**CASE NO:** 21-90805H (FCHR)

02-003002 (DOAH)

**CASE TYPE:** Housing Discrimination

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

**FILENAME:** 02003002072902i04155627.pdf

**PAGES:** 1

**CAUSE:** N



# Housing Discrimination Complaint

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity

023002

Please type or print this form - Do not write in shaded area

OMB Approval No. 2529-0011 (Exp. 09/30/95)

Public Reporting Burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2529-0011), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

**Instructions:** Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in persons or mailed to the Regional Office covering the State where the complaint arose (see list on back of form), any local HUD Field Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

**This section is for HUD use only.**

Number:	(Check / applicable box): <input type="checkbox"/> Referral and Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional info	Signature of HUD personnel who established jurisdiction:
Filing Date:			

1. Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)  
**MONICA AND VINCENT WILLIAMS**

Home Phone: **305 698-0405** Business Phone: **305 377-2884**

Street Address (city, county, State and zip code)  
**10000 N.W. 80th CT, HIALEAH, GARDENS, FL, 33016 #2314 Bldg 4**

2. Against whom is this complaint being filed? Name (last name, first name, middle initial)  
**SAMARI LAKES EAST ASSOCIATION INC.**

Phone Number: **305 557-9154**

Street Address (city, county, State and zip code)  
**10090 N.W. 80th COURT HIALEAH GARDENS FL, 33016**

Check the applicable box or boxes which describe(s) the party named above

Builder  Owner  Broker  Salesperson  Supt. or Manager  Bank or Other Lender  Other

If you named an individual above who appeared to be acting for a company in this case, check / this box  and write the name and address of the company in this space:

Name: **CARLOS REYES (MANAGER)** Address: **10090 N.W. 80th CT HIALEAH GARDENS, FL 33016**

**RAFAEL PENALVER (RECIEVER)**

Name and identify others (if any) you believe violated the law in this case

3. What did the person you are complaining against do? Check / all that apply and give the most recent date these act(s) occurred in block No. 6a below:

Refuse to rent, sell, or deal with you  Falsely deny housing was available  Engage in blockbusting  Discriminate in broker's services

Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities  Advertise in a discriminatory way  Discriminate in financing  Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law

Other (explain)

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check / all that apply:

<input checked="" type="checkbox"/> Race or Color <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input checked="" type="checkbox"/> Familial Status <input checked="" type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American <input type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Indian or Alaskan <input type="checkbox"/> Native
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5. What kind of house or property was involved?

Single-family house  
 A house or building for 2, 3, or 4 families  
 A building for 5 families or more  
 Other, including vacant land held for residential use (explain)

Did the owner live there?  
 Yes  
 No  
 Unknown

Is the house or property:  
 Being sold?  
 Being rented?

What is the address of the house or property? (street, city, county, State and zip code)  
**10000 N.W. 80th CT #2314 Bldg 4 HIALEAH, FL, 33016**

6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

**COMMONLY OWNED FACILITIES BY (HARRASSMENT and discrimination and maintenance) CONSISTANT OVERLOOK OF FAMILY USING RECEIVED NOTICE OF VIOLATION OF FAMILY STATUS FAMILY MEMBERS ACCUSED (STEROTYPED) OF Breaking INTO CARS IN PARKING LOT. FAMILY MEMBER ORDERED OUT OF POOL/RECREATION**

6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)  
**3-22-01, 3-29-01**

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature and Date: **Monica J Williams 4-18-2001**

Previous edition, dated, 11/92, may not be used; other editions may be used until stock is exhausted.

EXHIBIT (P)

**200116 TBD.C 002**  
**'CHARGES OF DISCRIMINATION'**

**CAPTION:** *Knotts v. DOC*

**CITATION:** 200116 TBD.C 002

**DATE:** 4/18/2001

**STATE:** FL

**CASE NO:** 21-01107 (FCHR)

03-000196 (DOAH)

**CASE TYPE:** Employment Discrimination

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

**FILENAME:** 03000196012203i05133046.pdf

**PAGES:** 1

**CAUSE:** N



03-0196

**AMENDED CHARGE OF DISCRIMINATION**

FCHR No. J. Moran

Name (Indicate Mr., Ms., or Mrs.)  
Felice Knotts

Social Security #

Date of Birth  
5-15-39

Street Address  
P. O. Box 114

Home Telephone Number (area code)  
904/698-2284

City, State, and Zip Code  
Crescent City, FL 32122-0114

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  
North Florida Reception Center Hospital

No. of Employees  
15+

Telephone No.  
904/496-6000

Street Address  
P.O. Box 628

City, State, and Zip Code  
Lake Butler, FL 32054

County  
Union

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) 8/7/00

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

**I. Personal Harm:**

On August 7, 2000 I was forced to resign from my position as a Registered Nurse Supervisor.

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

I was told that I had to resign or face investigation which could lead to jail time and loss of my nursing license. I brought in underwear for the female patients.

**III. Discrimination Statement:**

I believe I have been discriminated against because of my Disability, 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. During my employment with Respondent I was singled out for discipline. For example, I complained on numerous occasions about other employees (some of whom were my subordinates) who chronically late or refusing to perform their work duties, my complaints went ignored and I was eventually written up for failing to get along with the other employees. To my knowledge, I was the only disabled employee at my work site.
2. My supervisor (Nancy Moore) was aware of my disability. I requested accommodation in the form of a chair. My supervisor responded that she needed to check with the Director of Nursing and get back with me. She never did follow up with me on that issue.
3. The officers in the hospital received special risk pay and I do not. I spent more time in direct contact with the inmates than the officers did. I was also not paid \$1.50 more for being a charge nurse.
3. I was forced to resign for bringing in contraband items (women's underwear). The patients were wearing men's shorts. However, numerous employees have brought in dangerous contraband such as knives, can openers and hemostats without being reprimanded or disciplined.

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

*Felice Knotts*

4/18/01

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**

E: [TextBookDiscrimination@gmail.com](mailto:TextBookDiscrimination@gmail.com)

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

