



200136 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

9/3/2001 - 9/9/2001

{MOST RECENT UPDATE: 9/8/2023}

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200136 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Rivera v. Fair Havens Center*

CITATION: 200136 TBD.C 001

DATE: 9/4/2001

STATE: FL

N/A (FCHR)

CASE NO:

02-002742 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	Mar	nat	rac	rel	ret	sex	unk
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Law Office of Brian D. Albert, P.A.

CONSUMER, EMPLOYMENT, SMALL BUSINESS, AND TECHNOLOGY LAW

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FAX COVER SHEET

To: Ann Luchini, 850-921-6847 (f)
Florida Commission on Human Relations

From: Brian Albert, 305-792-0061 (f)
Law Office of Brian D. Albert, P.A.

Date: July 3, 2002

Re: Ana Rivera v. Fair Havens Center, LLC

Pages: 2 (including cover)

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

COPY

CHARGE OF DISCRIMINATION		FCHR No.	
Name (Indicate Mr., Ms., or Mrs.) Ms. Ana I. Rivera		Social Security Number 581-58-9230	Date of Birth 7/12/34
Street Address 40 South Melrose Drive		Home Telephone Number (area code) (305) 887-5238	
City, State, and Zip Code Miami Springs Florida 33166		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 Fair Havens Center, LLC	No. of Employees Approx. 180	Telephone No. (area code) (305) 887-1565	
Street Address 201 Curtiss Parkway	City, State, and Zip Code Miami Springs, Florida 33166	County Miami-Dade	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) RACE COLOR SEX RELIGION <input checked="" type="checkbox"/> DISABILITY NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE MARITAL STATUS RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 5/30/01	

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

I. Personal Harm:
 The Charging Party, a 67-year-old Hispanic female, began working for Fair Havens Center, as a Charge Nurse of the Medical Unit, on March 1, 1993. On May 30, 2001, while working as a full-time Nursing Supervisor, the Charging Party was terminated from her employment at Fair Havens Center. The Charging Party was on Family and Medical Leave Act leave at the time of the termination due to total knee replacement surgery.

II. Respondent's Reasons for Personal Harm:
 According to Fair Havens Center, the Charging Party was terminated because her position was being eliminated.

III. Discrimination Statement:
 The Charging Party was terminated based upon her age, in violation of the Florida Civil Rights Act of 1992.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED 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
 X *Ana I. Rivera*

DATE
 9-4-01

200136 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Gandy v. REV*

CITATION: 200136 TBD.C 002

DATE: 9/4/2001

STATE: FL

CASE NO: 2100775 (FCHR)

04-001848 (DOAH)

CASE TYPE: Employment Discrimination

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

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PAGES: 1

CAUSE: N



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

04-1848

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2100775	J.M.M.
Name (Indicate Mr. Ms. or Mrs.) Ms. Brenda Gandy		Social Security # [REDACTED]	Date of Birth 5-7-66
Street Address 2024 S.E. 3 rd Place		Home Telephone Number (area code) (352) 373-9728	
City, State, and Zip Code Gainesville, FL 32641		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 Florida Department of Revenue	Number of Employees 15+	Telephone Number (352) 955-7165
Street Address 5719 N.W. 13 th Street	City, State and Zip Code Gainesville, FL 32653	County Alachua

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 checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 10-19-00
--	--

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

I. Personal Harm:

On October 19, 2000, I was terminated from my position at Florida Department of Revenue.

II. Respondent's Reason for Personal Harm

I was accused of making threatening remarks to co-workers.

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. A group of white employees accused me of saying and doing "certain things". Within 30 minutes of the allegations, I was suspended for 20 days (administration leave). Other black employees were accused by white employees and were not given the chance to explain.
2. I worked for the Florida Department of Revenue for 9 years. I recently received 2 Group Project Awards. I had never been written up prior to this incident.
3. White employees took frequent smoke breaks that exceeded their allotted time frame. When I went 30 minutes over my break, I was given a reprimand.
4. I was terminated on October 19, 2000.

04 MAY 24 AM 10:42
 JUDICIAL
 ADMINISTRATIVE
 HEARINGS

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 HUMAN RELATIONS
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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**

Brenda G. Gandy 8/31/01

200136 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Cotter v. Gambro Renal Products*

CITATION: 200136 TBD.C 003

DATE: 9/7/2001

STATE: FL

CASE NO: 21-03398 (FCHR)
03-001234 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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FLORIDA COMMISSION ON HUMAN RELATIONS

325 John Knox Road, Suite 240, Building F

Tallahassee, Florida 32303-4149

CHARGE OF DISCRIMINATION-PUBLIC ACCOMMODATION		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) MR. JOHN COTTER	Social Security Number	Date of Birth 02/28/63
Street Address 2553 N. ATLANTIC AVE. #123	Home Telephone Number (area code) (386) 252-7326	Work (if possible to call you there) N/A.
City, State, and Zip Code DAYTONA BEACH, FL. 32118	Date Received 03 APR - 3 PM 2:28	

List the public lodging and/or public food service facility which discriminated against you:

Name	Telephone Number (area code)
03-1234	
Street Address	City, State, and Zip Code

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))
 RACE COLOR SEX RELIGION DISABILITY NATIONAL ORIGIN CREED

Date Most Recent Or Continuing Discrimination Took Place. (month, day, year)
08/21/01

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

I. PERSONAL HARM: **SEXUAL HARASSMENT AND HOSTILE WORKING CONDITIONS HAVE BEEN A MAJOR PROBLEM SINCE I SENT THE FIRST RELATED E-MAIL TO DAVID NATES - (SUPERVISOR AT THE TIME) IN APRIL OF THIS YEAR.**

II. RESPONDENT'S REASON FOR PERSONAL HARM: **IN EARLY AUGUST, DAVID NATES TOOK ME TO THE BETHUNE ROOM FOR A MEETING WITH TIM FITZPATRICK + JOSE MEDIAVILLA. TIM ASKED ME IF I WAS COMFORTABLE WORKING IN THE BOTTLE DEPT., AND I TOLD HIM THAT CONDITIONS WERE IMPROVING AND OUR PRODUCTION OUTPUT WAS MORE EFFICIENT THAN EVER.**

III. DISCRIMINATION STATEMENT: **TWO WEEKS LATER, (8/21) - I WAS TOLD I WOULD BE TRANSFERRED TO THE DRUM DEPT. - (HIGHEST TURN-OVER RATE DEPT. IN PLANT).**

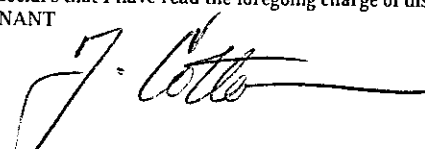
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF MY RACE FOR THE FOLLOWING REASONS:

1.) **THELDRIN BRIGHT, LISA LINDSEY, AND CONNIE ADAMS HAVE A HISTORY DATING BACK TO THE OLD DELAND PLANT WHERE THEY WORKED TOGETHER AND BECAME CLOSE FRIENDS OVER THE YEARS. ALL THREE HAPPEN TO BE AFRICAN AMERICAN(S) THAT EVIDENTLY ENJOY WORKING IN THE BOTTLE DEPT. WITH AS FEW CAUCASIANS AS POSSIBLE. DONNA WOOD CAN EXPLAIN FURTHER FROM HER UNFORTUNATE EXPERIENCE, IF CONTACTED IN THE FUTURE.**

2.) **DURING ANOTHER BOTTLE DEPT. MEETING THAT COMES TO MIND, WHERE I WAS PRESENT; DAVE NATES AND TIM FITZPATRICK TOLD JOHNNY JOHNSON - ("J.J.") (A TEMP.) THAT HE WOULD BE TRANSFERRED TO THE DRUM DEPT. HE TOLD THEM HE WOULD QUIT BEFORE THAT HAPPENED. HE GOT HIS WAY, AND I COULD NOT. "J.J." I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S). IS BLACK, I AM NOT.**

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: **9/7/01**

APPENDIX



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