



200137 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

9/10/2001 - 9/16/2001

{MOST RECENT UPDATE: 1/19/2023}

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TABLE OF CONTENTS | 200137 TBD.C

ID	Caption	Page
001	<i>Brown v. Smurfit Stone Container</i>	3
002	<i>Myers v. Central Florida Investments</i>	5
003	<i>Denecke v. Workforce</i>	7
004	<i>Morris v. Assisted Living Concepts</i>	9
-	Appendix	12



200137 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Brown v. Smurfit Stone Container*

CITATION: 200137 TBD.C 001

DATE: 9/10/2001

STATE: FL

CASE NO: 2103378 (FCHR)

02-004176 (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

02-4176

CHARGE OF DISCRIMINATION	FCHR No.
--------------------------	----------

Name (Indicate Mr., Ms., or Mrs.) Ms. Veronica T. Brown	02 OCT 25 PM 2:09	Social Security Number 252-21-0131	Date of Birth 08-26-61
--	-------------------	---------------------------------------	---------------------------

Street Address 8724 Huntington Woods Circle N.	Home Telephone Number (area code) 904-772-8383
---	---

City, State, and Zip Code Jacksonville, Fl. 32244	Work Telephone (area code) 904-356-5611
--	--

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

Name Smurfit-Stone Container Corp.	No. of Employees 15+ 80+	Telephone No. (area code) 904-356-5611
---------------------------------------	-----------------------------	---

Street Address 2002 E. 18th St.	City, State, and Zip Code Jacksonville, Fl. 32206	County Duval
------------------------------------	--	-----------------

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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) September 9, 2000
---	--

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

- I. I filed a charge of discrimination with the Jacksonville Commission on Human Relations on December, 1999. In January 2000 a settlement was reached. On February 13, 2000 until I resigned effective September 9, 2000, I was retaliated against for filing an EEOC charge. My vacation time was taken away in February 2000, and every week the shift supervisor, Eric Burr, would come and stare at me while I was working. He would do this at least twice a week. I decided I could not work under these conditions and resigned.
- II. The company has not paid me for the vacation time taken away. The company has not given a reason for Mr. Burr coming to stare at me while I worked.
- III. I feel I have been discriminated against in violation of Title VII of the Civil Rights Act of 1964 and the Florida Civil Rights Act.

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.	
SIGNATURE OF COMPLAINANT <i>Veronica T. Brown</i>	DATE 01 SEP 10 PM 2:20

NOTARY- SUBSCRIBED AND SWORN TO BEFORE ME Martha E. Cummings Notary Public November 28, 2002 My Commission Expires #CS881854 Florida Fair Insurance Council FLORIDA
<i>Martha E. Cummings</i> 8th OF SEPTEMBER 1999 2001

200137 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Myers v. Central Florida Investments*

CITATION: 200137 TBD.C 002

DATE: 9/12/2001

STATE: FL

CASE NO: 21-03436 (FCHR)

02-003580 (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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CAUSE: N



FLORIDA COMMISSION ON HUMAN RELATIONS
 325 John Knox Road, Suite 240, Building 7
 Tallahassee, Florida 32399-1570

02-3580

FILED
 SEP 16 AM 9:22
 ADMINISTRATIVE
 HEARINGS

RECEIVED
 FLORIDA COMMISSION ON
 HUMAN RELATIONS
 01 SEP 14 PM 2:07

AMENDED CHARGE OF DISCRIMINATION	FCHR. No.
Name (Indicate Mr., Ms. or Mrs.) Dawn Georgette Myers	Telephone No. (area code) Attorney's Number 407-422-6464
Street Address 200 E. ROBINSON STREET	Home N/A
City, State, and Zip Code ORLANDO, FLORIDA 32801	Work (if possible to call you there) N/A

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

Name Central Florida Investments, Inc. and Westgate Lakes Resorts	No. of Employees 15+	Telephone No. (area code) (407) 289-4500
--	-------------------------	---

Street Address 5601 Windover Drive	City, State and Zip Code Orlando, Florida 32819	County Orange
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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"/> HANDICAP <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) December 13, 2000 (continuing violation until termination date)
---	--

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

I started working for Respondent in 1989. From approximately 1995 until December 13, 2000, I was constantly sexually harassed by the president of the Respondent, David Siegel and then in 1998 by his wife, Jackie Siegel. Sexual activity with both and either of them were being constantly suggested as well as other sexually inappropriate comments. Both Siegels constantly propositioned me to have sex with them. I constantly resisted the advances of and comments by the Siegels. I complained to them; however, no remedial action was ever taken. The enumeration of the incidents of sexual harassment is by way of example rather than limitation and is in no sense intended to be exhaustive or a complete listing of such events. I discussed this harassment to my co-workers, and, on December 13, 2000, I was terminated from my job for invalid reasons. These reasons are false and pretextual.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW(S), INCLUDING DUAL FILING WITH THE EEOC.

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.

Dawn Georgette Myers 9-12-01
 SIGNATURE OF COMPLAINANT DATE

Notary (Required for Filing)
 SUBSCRIBED AND SWORN TO BEFORE ME

Phyllis I. Turner

12th day of September, 2001.

OFFICIAL NOTARY SEAL
 OF PHYLLIS I. TURNER
 COMMISSION NUMBER
 CC968403
 MY COMMISSION EXPIRES
 OCT. 12, 2004

200137 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Denecke v. Workforce*

CITATION: 200137 TBD.C 003

DATE: 9/13/2001

STATE: FL

CASE NO: 21-01740 (FCHR)

03-001949 (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

AMENDED CHARGE OF DISCRIMINATION		FCHR No. FILED	
Name (Indicate Mr., Ms., or Mrs.) Adam Blake Denecke 03-1949		03 MAX reg #1 177-16-00129	Date of Birth 11-17-84
Street Address 2638 State Avenue		Telephone Number (area code) 763-0307	
City, State, and Zip Code Panama City, FL 32405		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 Workforce Florida, Inc	No. of Employees 15+	Telephone No. 850-921-1119	
Street Address Building 200 John Knox Road	City, State, and Zip Code Tallahassee, FL 32307	County Leon	
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 checked="" 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)	

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

I. Personal Harm: Denial of equal educational opportunity
 Disparate Impact
 Disparate Treatment

II. Respondent's Reasons for Personal Harm:
 Workforce Florida, INC said they can choose and deny opportunities to apply even to a protected class

III. Discrimination Statement: I am a physically Impaired individual
 I was denied the opportunity to apply for benefits or opportunities of the Workforce Florida, INC. and the benefits of the Workforce Investment Act.
 The WFI has a prejudiced view of the disabled. The WFI has taken a discriminatory view of the Special Diploma and a discriminatory view of all fourteen year all special education students in Florida who may or may not get a special Diploma. Most ESE get a reg dip

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: **Adam Blake Denecke** DATE: **4-13-01**

200137 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Morris v. Assisted Living Concepts*

CITATION: 200137 TBD.C 004

DATE: 9/13/2001

STATE: FL

CASE NO: 2102800 (FCHR)

03-003572 (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: 2

CAUSE: N



03-3572

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

03
OCT 3 9:28 AM
DIVISION OF ADMINISTRATION

Florida Commission on Human Relations
State or local Agency, if any

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

HOME TELEPHONE (Include Area Code)

Ms. Alisha Morris

850-627-8767

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

122 Davis Street

Quincy, FL 32351

7/27/77

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)

Assisted Living Concepts, Inc.

+15

850-875-1334

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

1125 Strong Road

Quincy, FL 32351

Gadsden

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
EARLIEST LATEST

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

Approx
4/23/01 5/23/01

CONTINUING ACTION

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

See attached sheet.

* Assisted Living Concepts, Inc. d/b/a The Magnolia House

RECEIVED
FLORIDA COMMISSION ON
HUMAN RELATIONS
01 SEP 13 PM 12:18

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

Alisha T. Morris

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Day, month, and year)

Sept. 13, 2001

Brenda Blackburn
MY COMMISSION # CC69201 EXPIRES
January 2, 2002



Date 9/13/01

Charging Party (Signature)

[Signature]

I. Personal Harm

I was subjected to a hostile working environment caused by my supervisor, Pam Winans. She constantly harassed me and ultimately terminated me because of my pregnancy.

II. Respondent's Reason for Personal Harm

Respondent initially stated that I was terminated for "confrontation" and "physical appearance" but later told me that that was not the reason.

III. Discrimination Statement

I believe I was discriminated against based on pregnancy and gender and retaliation for the following reasons:

1. For the first three weeks of employment I was constantly praised for my work on a regular basis. An employee let it slip that I was pregnant and my supervisor's attitude immediately changed towards me. She told me I was deceitful for not telling her I was pregnant when she hired me.
2. Ms. Winans continued to speak to me harshly and made me perform duties such as lifting a patient numerous times in one day and changed my schedule so that I could not continue working at another job that I had been doing all along.
3. Ms. Winans terminated me because of my pregnancy.
4. This discriminatory treatment is a violation of the Florida Civil Right Act of 1992, Chapter 760, Florida Statutes, and Title VII of the civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e et seq.

I seek relief including but not limited to back pay, front pay and other lost benefits, compensatory damages for the injury I have suffered and punitive damages to deter future conduct by and punish the Respondent.

APPENDIX



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ORIGINAL SOURCE

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Original Source	FCHR.MyFlorida.com
2	Secondary Source	DOAH.State.FL.US

INTERACTIVE VERSION

<u>#</u>	<u>Item</u>	<u>Link</u>
1	Web	TextBookDiscrimination.com/Reports/COD/

CONTACT INFORMATION

E: TextBookDiscrimination@gmail.com
W: www.TextBookDiscrimination.com

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

