



200139 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

9/24/2001 - 9/30/2001

{MOST RECENT UPDATE: 1/19/2023}

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200139 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Khan v. Jackson Trading*

CITATION: 200139 TBD.C 001

DATE: 9/24/2001

STATE: FL

CASE NO: 21-03358 (FCHR)

02-002729 (DOAH)

CASE TYPE: Employment Discrimination

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

CAUSE: N



FLORIDA COMMISSION ON HUMAN RELATIONS

02-2729

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

CHARGE OF DISCRIMINATION		FCHR No. 2103358		NW
Name (Indicate Mr. Ms. or Mrs.) Ms. Wajiha R. Khan		Social Security # 217-31-6273	Date of Birth 10/13/75	
Street Address 640 Emerson Drive, N.E.		Home Telephone Number (area code) 321/795-3920		
City, State, and Zip Code Palm Bay, Florida 32907		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 Gold & Silver Reserve/Jackson Trading Co.	Number of Employees 15+	Telephone Number 800/909-6590
Street Address 175 E. Nasa Blvd., Suite 300	City, State and Zip Code Melbourne, FL 32901	County Brevard

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 type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input checked="" type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 10/23/00
--	--

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

I. Personal Harm:
I was terminated from my position on October 23, 2000 as Vice President of Marketing. I was also subjected to sexual harassment during my tenure with my former employer.

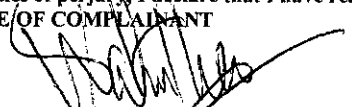
II. Respondent's Reason for Personal Harm
None given

III. Discrimination Statement:
I believe I have been discriminated against because of my sex, female and retaliation which is in violation of Title VII of the Federal Civil Rights Act of 1964; Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for the following reasons:

1. I was sexually harassed by my former CEO, Mr. Douglas Jackson. This created an environment of extreme tension which limited my ability to be creative and productive.
2. Mr. Jackson had asked two of my colleagues on independent occasions whether they thought "my breasts were real or not".
3. After my refusal of Mr. Jackson advances I believe I was a victim of retaliation. I was eventually terminated on October 23, 2000 without any reason.
4. I was offered severance but on the condition that I sign a document which said I would never bring a sexual harassment lawsuit against the company.

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: 9-19-2001

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 FLORIDA COMMISSION ON
 HUMAN RELATIONS
 2001 SEP 24 PM 2:00

200139 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Conlan v. MetLife*

CITATION: 200139 TBD.C 002

DATE: 9/25/2001

STATE: FL

N/A (FCHR)

CASE NO:

02-001707 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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02-1 107

APPROPRIATE ADMINISTRATIVE HEARINGS
02 MAY 2 AM 9:11

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.	AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER
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FLORIDA COMMISSION ON HUMAN RELATIONS and EEOC and The Local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Florence Conlan	HOME TELEPHONE (941)966-2232
--	--

STREET ADDRESS City, State and Zip Code 4114 Central Sarasota Pkwy., Unit 1127 Sarasota, FL 34238	DATE OF BIRTH: 10/8/66
---	----------------------------------

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 MetLife Financial Services/Main Street Financial Group	NUMBER OF EMPLOYEES, MEMBERS more than 30	TELEPHONE (Include Area Code) (941)366-0687
---	--	---

STREET ADDRESS City, State and Zip Code 1819 Main Street, Suite 1300 Sarasota, FL 34236	COUNTY Sarasota County
---	----------------------------------

NAME Michael Tatcher	TELEPHONE (Include Area Code) (941)366-0687
--------------------------------	---

STREET ADDRESS City, State and Zip Code 1819 Main Street, Suite 1300 Sarasota, FL 34236	COUNTY Sarasota County
---	----------------------------------

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"/> AGE <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)	DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST(ALL) 4/20/01 <input type="checkbox"/> CONTINUING ACTION
---	---

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

I have been a Financial Services Representative with MetLife since November of 1999. At MetLife my Managing Partner was Mike Tatcher. While working at MetLife, Mike Tatcher forced me to have sex with him each time during working hours, on at least 5 separate occasions, threatening my job with MetLife if I did not comply. On other occasions, Mike Tatcher forced me to have sex with him in hotels during working hours while we were out in the field on business. Eventually I refused to comply. One instance was in the office, and another on the side of the road. Mike Tatcher became more threatening of my job and eventually became violent with me. On April 23, 2001, Mike Tatcher attacked me in his office at MetLife. Mike Tatcher shoved and pushed me. I banged on the walls to get out and when I did Mike Tatcher chased me down the hall. I was so fearful that I left the office immediately and have not returned except with my attorney in order to gather some necessary personal items.

MetLife has discriminated against me because of my gender and in retaliation for my refusal to participate in unlawful activity. I believe the Respondent has violated numerous laws, including without limitation, Title VII of the Civil Rights Act of 1964, 42 U.S.C. 1981 and the Florida Civil Rights Act of 1992.

I want this charge filed with the EEOC, Florida Commission on Human Relations, and the local Agency, if any. I will advise the agencies 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.	NOTARY - (When necessary for State and Local Requirements)
	I swear or affirm that I have read the above charge and that is true to the best of my knowledge, information and belief.
<i>Florence Conlan</i>	SIGNATURE OF COMPLAINANT <i>Florence Conlan</i>

I declare under penalty of perjury that the foregoing is true and correct.	Signature of Notary below <i>Mary E. Hayes</i>
Date <i>9/25/01</i>	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE: <i>9/25/01</i>
Charging Party (Signature) <i>Florence Conlan</i>	(Day, month and year)



MARY E. HAYES
Notary Public, State of Florida
My Comm. Exp. April 16, 02
Comm. No. CG 734030

200139 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Schultz v. Simply Water*

CITATION: 200139 TBD.C 003

DATE: 9/26/2001

STATE: FL

CASE NO: 2102980 (FCHR)

03-000768 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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FLC DA COMMISSION ON HUMAN R ATIONS
 5 John Knox Road, Suite 240, Buik , F
 Tallahassee, Florida 32303-4149

03-0768

AMENDED CHARGE OF DISCRIMINATION		ECHR No. 2102980	J.M.M.
Name (Indicate Mr. Ms. or Mrs.) Ms. Karen M. Schultz		Social Security #	Date of Birth 8-5-44
Street Address 9317 Trowbridge Court		Home Telephone Number (area code) (727) 376-2612	
City, State, and Zip Code Newport Richey, FL 34655		Work (if possible to call you there) HEARINGS	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name G.E. Smart Water	Number of Employees 15+	Telephone Number (800) 523-7918	
Street Address US 19	City, State and Zip Code Port Richey, FL 34655	County Pasco	
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) 7-25-01	

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

I. Personal Harm:
 On July 25, 2001, I was scheduled to begin work with G.E Smart Water. I was unable to start work because they did not accommodate my disabilities.

II. Respondent's Reason for Personal Harm:
 I was not given a reason for actions taken.

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 for the following reasons:

1. I requested a headset after I was hired because I have Carpal Tunnel Syndrome in my hands. After a couple of minutes, my hands would go numb and tingly which causes extreme pain. He told me that he could not supply me with a headset and that I would have to buy my own. The cost of the headset was \$95.00.
2. I also requested a certain chair with wheels because the current chairs had long metal legs on them. I told him that I have plates and screws in my left ankle and could not push the chair with my feet. He told me they did not have any chairs like that. He told me that if he gave me a chair with wheels, someone else could take it if they came in earlier. He told me that I could buy my own chair. I told him that I could not afford it and he told me that he could not do anything else different.
3. I believe I was discriminated against because they did nothing to accommodate my disabilities.

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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: *Karen M. Schultz* DATE: 9/23/01

200139 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Erickson v. Memorial Hospital*

CITATION: 200139 TBD.C 004

DATE: 9/26/2001

STATE: FL

CASE NO: 21-03208 (FCHR)

04-000464 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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CAUSE: N



FLORIDA COMMISSION ON HUMAN RELATIONS

3241 Van Knox Road, Suite 240, Building

Tallahassee, Florida 32303-4149

04-0464

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2103208	J.A.M.
Name (Indicate Mr. Ms. or Mrs.) Ms. Marie A. Erickson		Social Security # [REDACTED]	Date of Birth 5-28-39
Street Address 5202 Mecaslin Dr.		Home Telephone Number (area code) (727) 816-8724	
City, State, and Zip Code Newport Richey, FL 34652		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 Memorial Hospital of Tampa	Number of Employees 15+	Telephone Number (813) 873-6400	
Street Address 2901 Swann Ave.	City, State and Zip Code Tampa, FL 33609	County Hillsborough	
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 checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 8-17-00	
THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s): I. Personal Harm: I was constructively discharged on August 17, 2000.			
II. Respondent's Reason for Personal Harm: I was not given a reason for actions taken.			
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 for the following reasons:			
1. I was employed with Respondent for over 20 years. Other staff retirement age, was unfairly treated on our unit as well as other departments. There were 3 of us (nurses) age 60+ who were written up for erroneous reasons.			
2. I resigned on August 17, 2000.			
RECEIVED FLORIDA COMMISSION ON HUMAN RELATIONS 01 SEP 26 PM 12:53			
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.			DATE
SIGNATURE OF COMPLAINANT			
Marie A. Erickson			9/21/2001

200139 TBD.C 005
'CHARGES OF DISCRIMINATION'

CAPTION: *Harris v. Childrens Home Society*

CITATION: 200139 TBD.C 005

DATE: 9/29/2001

STATE: FL

CASE NO: 21-03177 (FCHR)
02-004522 (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

02-4502

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2103177 ₂	A.P.T.
Name (Indicate Mr. Ms. or Mrs.) Ms. Christine Harris		Social Security # 267-65-6659	Date of Birth 01-18-61
Street Address 115 E. 4 th Avenue # 202		Home Telephone Number (area code) 352-383-9854 482-2011	
City, State, and Zip Code Mt. Dora, Florida 32757		Work (if possible to call you there) EUSTIS FL 32726	
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.			
Name Children's Home Society		Number of Employees 15+	Telephone Number
Street Address P.O. Box 10097		City, State and Zip Code Jacksonville, Florida 32247	County Lake
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) 03-15-01	

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

I. Personal Harm:

While I was out on sick leave my position was filled

II. Respondent's Reason for Personal Harm

Linda Barry, Director of Human Resources, advised me that all vacant positions must be filled.

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 for the following reasons:

1. I underwent emergency surgery on January 12, 2001. I was released to my home for rehabilitation on January 15, 2001.
2. On January 16, 2001, a co-worker advised me that my position was advertised in the newspaper. I was not advised by the Respondent of the advertisement.
3. On February 23, 2001 I was released to transition back in the work place. At this time, a letter was forwarded to me by Human Resources Director Linda Barry, which stated that there was no job for me in the division. Further, it stated that I could apply as a new employee for any open position, if a position was open.
4. All of my medical absences were on my Doctor's orders.

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
Christine Harris

DATE
9/29/01

APPENDIX



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