



200142 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

10/15/2001 - 10/21/2001

{MOST RECENT UPDATE: 1/19/2023}

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200142 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Williams v. Taco Bell*

CITATION: 200142 TBD.C 001

DATE: 10/15/2001

STATE: FL

CASE NO: 22-00048 (FCHR)

02-003249 (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



FLC COMMISSION ON HUMAN RIGHTS

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

02-3249

CHARGE OF DISCRIMINATION		FCHR No.	NW
Name (Indicate Mr. Ms. or Mrs.) Donna Williams		Social Security # 263-79-0975	Date of Birth 10/03/75
Street Address 516 W. Mission Road, Apt. #125		Home Telephone Number (area code) 850-575-6346	
City, State, and Zip Code Tallahassee, Florida 32305		Work (if possible to call you there)	

01 OCT 15 PM 12:50

ADMINISTRATIVE HEARINGS DIVISION 2:05

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

Name	Number of Employees	Telephone Number
Taco Bell	15+	850/656-9166
Street Address	City, State and Zip Code	County
3529 Apalachee Parkway	Tallahassee, Florida 32311	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) 10/09/01
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:
I was denied hiring on October 9, 2001. I had previously worked for Respondent at another location.

II. Respondent's Reason for Personal Harm
Ms. Sylvia (LNU), General Manager, told the person interviewing me (Jerome) to tell me that I couldn't be rehired.

III. Discrimination Statement:
I believe I have been discriminated against because of my disability which is in violation of Title VII of the Federal Civil Rights Act of 1964; Florida Civil Rights Act of 1992, as amended; the Americans with Disabilities Act (ADA); Chapter 760 of the Florida Statutes for the following reasons:

1. I believe that the GM didn't want to hire me because of my disability.
2. It has been over a year since I left the other location. The reason I left was because I wasn't getting but 2 or 3 hours a day not because of any problems.
3. My disability did not limit me from during my job, which was a Cashier.

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: Donna Williams DATE: 10-15-01

200142 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Tamez v. Northrop Grumman*

CITATION: 200142 TBD.C 002

DATE: 10/15/2001

STATE: FL

CASE NO: 21-03196 (FCHR)
03-001107 (DOAH)

CASE TYPE: Employment Discrimination

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

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CAUSE: N



TC

AMENDED CHARGE OF DISCRIMINATION FCHR No. 2103196 J.M.M.

Name (Indicate Mr. Ms. or Mrs.) *HUMAN RIGHTS* Mr. Julio C. Tamez Social Security # Date of Birth 9-30-54

Street Address 1999 W. Colonial Dr., Suite 213 Home Telephone Number (area code) 713-928-6090

City, State, and Zip Code Orlando, FL 32804 Work (if possible to call you there) 03-1107

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

Name Northrop Grumman Corporation	Number of Employees 15+	Telephone Number (904) 825-3300
Street Address P.O. Drawer 3447	City, State and Zip Code St. Augustine, FL 32085-3447	County St. Johns

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) 12-1-00

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

I. Personal Harm:
 I was laid off from my position with Northrop Grumman on December 1, 2000. I had been employed with Respondent for more than 17 years.

II. Respondent's Reason for Personal Harm
 I was told that I was being laid off due to lack of new business.

III. Discrimination Statement:
 I believe I have been discriminated against because of my national origin which is in violation of Chapter 760 of the Florida Civil Rights Act as amended and Title VII for the following reasons:

1. I believe I was laid off because my Manager, Gary Rowe did not like Hispanics. Mr. Rowe frequently used racial slurs in morning meetings towards me. He would say, "I don't want your work to look like a bunch of Mexicans did it."
2. I believe I did not receive fair evaluations. One of the employees, Chuck Frere (white) was out sick for 6 months. During his absence, I performed some of his duties. He still received high performance ratings and I received low performance ratings. I was not properly evaluated during performance evaluations, which provided a reason for my lay off. I believe my performance evaluation ratings were lowered to justify my lay off. I was a high performer for 17 years in the company's office in Texas. When I relocated to Florida, I became a low performer.
3. My lay off was not based on the company's guidelines. I believe that my poor ratings and my lay off was due to my Mexican national origin.

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 DIVISION OF
 ADMINISTRATIVE
 HEARINGS

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 10-01-01

Julio C Tamez

APPENDIX



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