



200146 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

11/12/2001 - 11/18/2001

{MOST RECENT UPDATE: 1/19/2023}

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200146 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Fleur v. Superior Protection*

CITATION: 200146 TBD.C 001

DATE: 11/13/2001

STATE: FL

N/A (FCHR)

CASE NO:

02-003471 (DOAH)

CASE TYPE: Employment Discrimination

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

FILENAME: 02003471090502i03082946.pdf

PAGES: 3

CAUSE: N



02-3471

CHARGE OF DISCRIMINATION

AGENCY	CHARGE NUMBER
<input type="checkbox"/> FEPA	150A20256
<input checked="" type="checkbox"/> EEOC	

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 Florida Comm. on Human Relations and EEOC
 State or local Agency, if any

DEC -5 PM 12:22 SEP 5 1995

NAME (Indicate Mr., Ms., Mrs.) Mr. Rosemond Saint Fleur
 TELEPHONE (Include Area Code) (305) 1695-8654

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH
 3061 N.W. 102nd Street, Miami, FL 33147 02/26/1975

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)
Superior Protection	Cat A (15-100)	(305) 358-9647

STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY
51 S.W. 1st Avenue, Miami, FL 33131		086

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
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN	09/15/2001	11/13/2001
<input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CONTINUING ACTION	

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

I. I am Haitian. I am employed by the above named Respondent as a Security Officer. Since on or about September 2001, after George (LNU) Lead Captain, began employment, I have been subjected to unequal terms and conditions of employment. My hours have been cut and non-Haitians employees are working overtime.

II. No reason has been given for this unequal treatment.

III. I believe I have discriminated against because of my national origin, Haitian in violation of Title VII of the Civil Rights Act of 1964, as amended.

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

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year)

Date 11/13/01

Charging Party (Signature)

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Florida Comm. on Human Relations
Bldg. F, Suite 240
325 John Knox Road
Tallahassee, Florida 32303

RECEIVED
HUMAN RELATIONS
COMMISSION ON

DATE 11/28/2001

EEOC CHARGE 150A200256

FEPA CHARGE

DEC -5 PM 1:25
NOV 22 -5 PM 1:35

ADMINISTRATIVE DUAL FILING

SUBJECT: CHARGE TRANSMITTAL

Saint Fleur, Rosemond
(Charging Party)

v. Superior Protection
(Respondent)

Transmitted herewith is a charge of employment discrimination initially received by the:

EEOC _____ on 11/13/2001
(Name of FEPA) (Date of Receipt)

Pursuant to the worksharing agreement, this charge is to be initially investigated by the EEOC.

Pursuant to the worksharing agreement, this charge is to be initially investigated by the FEPA.

The worksharing agreement does not determine which agency is to initially investigate the charge.

EEOC requests a waiver

FEPA waives

No waiver requested

FEPA will investigate the charge initially

Please complete the bottom portion of this form to acknowledge receipt of the charge and, where appropriate, to indicate whether the Agency will initially investigate the charge.

TYPED NAME OF EEOC OR FEPA DIRECTOR

SIGNATURE

Federico Costales

Saint Fleur, Rosemond
(Charging Party)

v. Superior Protection
(Respondent)

To whom it may concern:

This will acknowledge receipt of the referenced charge and indicate this Agency's intention to initially investigate the charge

This will acknowledge receipt of the referenced charge and indicate this Agency's intention not to initially investigate the charge

This will acknowledge receipt of the referenced charge and request a waiver of initial investigation by the receiving agency.

This will acknowledge receipt of the referenced charge and indicate this agency's intention to dismiss/close/not docket the charge for the following reason:

TYPED NAME OF EEOC OR FEPA DIRECTOR

SIGNATURE

Derick Daniel

TO: MIAMI DISTRICT OFFICE
One Biscayne Tower, Suite 2700
2 South Biscayne Blvd.
MIAMI, FLORIDA 33131

DATE 12/12/01

EEOC CHARGE 150A200256

FEPA CHARGE

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Rosemond Saint Fleur
3061 N.W. 102 Street
Miami, FL 33147

From: Miami District Office
Equal Employment Opportunity Commission
One Biscayne Tower, Suite 2700
2 South Biscayne Boulevard
Miami, Florida 33131-1805

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR § 1601.7(n))

Charge No.	EEOC Representative	Telephone No.
150 A2 00256	Robert K. Mctaxa, Supervisory Investigator	305 530 6050 or 305 536 4491

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability that is covered by the Americans with Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- We cannot investigate your charge because it was not filed within the time limit required by law.
- Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.
- While reasonable efforts were made to locate you, we were not able to do so.
- You had 30 days to accept a reasonable settlement offer that afford full relief for the harm you alleged.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state) _____

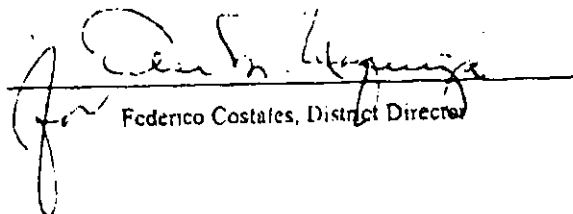
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed WITHIN 90 DAYS from your receipt of this Notice; otherwise, your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.

On behalf of the
Commission


Federico Costafes, District Director

JAN 24 2002

(Date Mailed)

Enclosure(s)

cc: Superior Protection
c/o Samuel A. Terilli, Esq.
Ford and Harrison
100 S.E. 2nd Street
Suite 4500
Miami, FL 33131

200146 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Phommachanh v. Universal Protective Services*

CITATION: 200146 TBD.C 002

DATE: 11/13/2001

STATE: FL

CASE NO: 21-03623 (FCHR)

02-003798 (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

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02-3798

Date Stamp (FCHR Use Only)

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

RECEIVED
FLORIDA COMMISSION ON
HUMAN RELATIONS
ED
01 NOV 15 02 PM '01
SEP 30 PM 1:21

AMENDED CHARGE OF DISCRIMINATION

Name (Indicate Mr. Ms. or Mrs.) Ms. Khonesavanh Phommachanh	FCHR No. 2103623 NW
Street Address 445 Springwood Court	Social Security # 043-70-1095 Date of Birth 07/31/79 VE
City, State, and Zip Code Longwood, Florida 32750	Home Telephone Number (area code) 407/339-1735
	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 Universal Protective Services	Number of Employees 15+	Telephone Number 407/599-4400
Street Address 1950 Lee Road, Suite 108	City, State and Zip Code Winter Park, Florida 32789	County Seminole

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) 08/28/01
--	--

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

I. Personal Harm:
I was constructively discharged from my position on August 28, 2001. I was also sexually harassed by my employer during my tenure with Respondent.

II. Respondent's Reason for Personal Harm
None given

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

1. I was sexually harassed by Sabri Ibrahim, District Manager.
2. I was subjected to unwanted touching and comments from the first day of my employment.
3. Other examples consisted of massaging my shoulders; touching my waist, holding my hands together and also being invited to his hotel room.
4. I refused all the advances and made it known that I didn't think it was appropriate.

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
Khonesavanh Phommachanh

DATE
11/13/01

200146 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Watson v. Amerisource*

CITATION: 200146 TBD.C 003

DATE: 11/15/2001

STATE: FL

CASE NO: 22-00474 (FCHR)

04-000038 (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: Y



FLORIDA COMMISSION ON HUMAN RELATIONS *04-0038*
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32399-1570

CHARGE OF DISCRIMINATION	FCHR No.
Name (Indicate Mr., Ms., or Mrs.) MR. THOMAS. D. WATSON	Telephone No. (area code)
Street Address 22709 STALLION DRIVE	Home 352-735-5220
City, State, and Zip Code SORRENTO, FL 32776	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 AMERISOURCE CORP	No. of Employees 250	Telephone No. (area code) 800-825-3678
Street Address 2100 DIRECTORS ROW	City, State and Zip Code ORLANDO FL 32809	County ORANGE

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> HANDICAP <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION	12-4-00

THE PARTICULARS: I believe that I have been discriminated against on the basis of my age which was 59 at the time of my termination as Vice President Sales Southeast Region, AmeriSource Corp. I was hired on 9-15-1995, promoted in March of 1996, promoted in February 1997, promoted in February 1998, and promoted to VP Sales Southeast Region in March of 1998. I reported to five different Supervisors, who all found my performance to be exemplary, as evidenced by promotion and salary increases. All but one of my past supervisors were near my age. During the five years I was employed by AmeriSource I was never given a bad performance review, all reviews were excellent, and I was rewarded with regular salary increases, and year end bonuses. The year just completed on Sept.30, 2000 a few months prior to my termination, was a record earnings year for the Southeast Region, and I earned near maximum bonus for my efforts. My direct supervisor, Mr. Phil Gibson VP Southeast Regional Manager (who is about 55) was terminated about Nov 5th, 2000. (Phil accepted a severance package) This took place just a month before his replacement, Denise Gilliland (who is about 40) terminated my employment. I was replaced with a much younger person with far less experience. I believe that I was the oldest senior management employee at AmeriSource at that time, and the newly appointed VP General Manager (Denise Gilliland), and the people that she reported to were all much younger. I think that my termination was a specific action to replace me with a person whose age more closely matched other management personnel. The reasons given to me for my termination were that I "failed to create a sales plan that would meet the company earnings goals" and I "did not have the respect of the sales force". This was not true, as evidenced by the excellent earnings performance the past year, and the formal presentation of the sales plan to Senior Management in September of that year. Absolutely no criticism were given at that time. At least twelve other older people in the sales force were released in late 1999, and early 2000, but they accepted a severance package which required a release from any litigation. (3 from Paducah, KY, and 9 from Birmingham, AL) A detailed investigation the Salespeople involuntarily released and accepting a severance package between October 1999, and ending with my termination on December 4, 2000 will reveal that they were all older employees. I believe that this was a systematic program to reduce the number of older employees, and that it was well disguised and would remain so because of the acceptance of severance packages by those employees.

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: *Thomas D. Watson*
 DATE: **11-15-2001**

NOTARY - (Required for Filing) *R. Andrew Booth*
 SUBSCRIBED AND SWORN TO BEFORE ME

15 OF November 2001

200146 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Mayo v. Dayco Products*

CITATION: 200146 TBD.C 004

DATE: 11/16/2001

STATE: FL

CASE NO: 21-03171 (FCHR)

02-002749 (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
 325 John Knox Road, Suite 240, Building F
 Tallahassee, Florida 32303-4149

NW

Date Stamp (FCHR Use Only)

02-2749

02 JUL 11 01 NOV 19 PM 2:20

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2103171	NW
Name (Indicate Mr. Ms. or Mrs.) Mr. Ray Mayo	Social Security # 58-62-8014	Date of Birth 04/27/62	
Street Address 708 S.W. Second Street	Home Telephone Number (area code) 352/598-1533		
City, State, and Zip Code Ocala, Florida 34474	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 Dayco Products, Inc.	Number of Employees 15+	Telephone Number 352/732-6191
Street Address 3100 S.E. Maricamp Road	City, State and Zip Code Ocala, Florida 34476	County Marion
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 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) 12/01/00

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

I. Personal Harm:

I was terminated from my position as Molder on December 1, 2000. I was subjected to different terms and conditions than my white co-workers.

II. Respondent's Reason for Personal Harm

I was told that I was terminated for violating company's drug policy and misconduct connected with work.

III. Discrimination Statement:

I believe I have been discriminated against because of my race, black and disability 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. Every black worker I knew that was on Worker's Comp was fired including me.
2. I was treated differently than my white co-workers in that some of them have tested positive for drugs and didn't have to endure the things I was required to do.
3. I have never tested positive for any drugs yet I was terminated when others were not disciplined at all.

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

Ray Mayo

DATE 11-16-01

200146 TBD.C 005
'CHARGES OF DISCRIMINATION'

CAPTION: *Cavanaugh v. Sprint*

CITATION: 200146 TBD.C 005

DATE: 11/16/2001

STATE: FL

CASE NO: 22-00082 (FCHR)

03-002736 (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
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AMENDED CHARGE OF DISCRIMINATION		FCHR No. 220008	NY 23
Name (Indicate Mr. Ms. or Mrs.) Ms. Teresa Cavanaugh		Social Security #	Date of Birth 01/27/66
Street Address 14795 N.W. 96 Place		Home Telephone Number (area code) 352/528-2145	
City, State, and Zip Code Morrison, Florida 32668		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 Sprint	Number of Employees 15+	Telephone Number 352/326-1180
Street Address 425 N. Third Street	City, State and Zip Code Leesburg, Florida 34748	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) 12/14/00
--	--

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

I. Personal Harm:
 I was terminated from my position on December 14, 2000. I had been employed with Respondent for 15 years.

II. Respondent's Reason for Personal Harm
 Mr. Robert L. Whittaker, Access Customer Manager, told me that I was being terminated for unacceptable misconduct.

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; the Americans with Disabilities Act (ADA); Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for the following reasons:

1. During my tenure with Respondent I was never written up or disciplined for anything.
2. My evaluations were always meeting or exceeding standards, so my work performance was not in question.
3. The Respondent offered me Long Term Disability on two occasions while I was out for several months on disability leave and I turned them down on both occasions.
4. I feel this was one of the reasons I was terminated, because shortly after returning to work I was dismissed.
5. After receiving a note from my doctor that I was still under his care I was abruptly dismissed without an explanation. The only explanation was in the form of a letter saying I was terminated for unacceptable misconduct.
6. After 15 years of dedicated and creditable service I feel I was unjustifiably dismissed from my job.

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
Teresa Cavanaugh

DATE
 11/15/01

APPENDIX



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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!

