



200148 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

11/26/2001 - 12/2/2001

{MOST RECENT UPDATE: 1/19/2023}

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200148 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Strobel v. EZ Serve Convenience Stores*

CITATION: 200148 TBD.C 001

DATE: 11/30/2001

STATE: FL

CASE NO: 22-00458 (FCHR)

02-001055 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	Mar	nat	rac	rel	ret	sex	unk
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02-1055

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

DIVISION OF

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 2200458		JAM
Name (Indicate Mr. Ms. or Mrs.) Ms. Michell M. Strobel		Social Security # 202-56-7758	Date of Birth 1-23-65	
Street Address 7045 Oaken Shaw Dr.		Home Telephone Number (area code) (850) 722-0236		
City, State, and Zip Code Youngstown, FL 32466		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 E-Z Serve #4050	Number of Employees 15+	Telephone Number (850) 235-1262
Street Address 8701 W. Highway 98A	City, State and Zip Code Panama City Beach, FL 32408	County Bay

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 type="checkbox"/> RETALIATION	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 9-11-01
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:
On September 11, 2001, I was terminated from my position with EZ Serve.

II. Respondent's Reason for Personal Harm
I was told that I was terminated because \$100 was missing.

III. Discrimination Statement:
I believe I have been discriminated against because of my sex (female) which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

- On September 11, 2001, there were a lot of customers at the store. When I went outside to help a customer, I had a \$100 bill in the register. While I was outside, the other two male employees were in the store running the cash register. When I came back, the \$100 bill was missing.
- I was terminated but the other two male employees are still employed.

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MAR 14 AM 9:20
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: *Michell Strobel*
DATE: 11/28/01

200148 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Whitehurst v. Duval County*

CITATION: 200148 TBD.C 002

DATE: 11/30/2001

STATE: FL

CASE NO: 21-02977 (FCHR)
02-003574 (DOAH)

CASE TYPE: Employment Discrimination

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

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02-3574.

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01 DEC -4 PM 12:18

02 SEP 13 PM 2:15
FCHR No. 2102977 JAM

AMENDED CHARGE OF DISCRIMINATION

Name (Indicate Mr. Ms. or Mrs.) Mr. Ernest Whitehurst	Social Security # 250-94-1937	Date of Birth 2-14-51
Street Address 6065 Davon St.	Home Telephone Number (area code) (904) 778-8617	
City, State, and Zip Code Jacksonville, FL 32244	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 Duval County School Board	Number of Employees 15+	Telephone Number (904) 390-2000
Street Address 1701 Prudential Dr.	City, State and Zip Code Jacksonville, FL 32207	County Duval

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) 8-25-00

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

I. Personal Harm:

I was constantly harassed and denied reasonable accommodations while employed. On August 25, 2000, I was terminated from my position as a Stock Clerk II.

II. Respondent's Reason for Personal Harm

I was told that I was physically unable to do my job.

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. When I got injured at work, I injured my back, knee, shoulder, and Groin. I requested to be placed in a less physically demanding and restrictive position, but the request was denied.
2. I was constantly pushed to perform duties that I was unable to do because of my disability.

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

Ernest E. Whitehurst

11-30-01

200148 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Reaves v. Bellsouth Telecommunications*

CITATION: 200148 TBD.C 003

DATE: 12/1/2001

STATE: FL

CASE NO: 2200185 (FCHR)

02-002761 (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

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Date Stamp (FCHR Use Only)
02-2761
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AMENDED CHARGE OF DISCRIMINATION FCHR No. **2200185** NW

Name (Indicate Mr. Ms. or Mrs.) Mr. Jerry T. Reaves	Social Security # 431-60-5827	Date of Birth 03/29/37
Street Address 2081 Caswell Drive	Home Telephone Number (area code) 850/476-3111	
City, State, and Zip Code Pensacola, Florida 32504-7221	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 Bell South	Number of Employees 15+	Telephone Number 850/944-0005
Street Address 6915 Pine Forest Road	City, State and Zip Code Pensacola, Florida 32504	County Escambia

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) 07/11/01
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:
 I am being denied rehire with Respondent. I had been employed with Respondent for 31 years before I retired in 1991. *Assistant Manager Construction (March 2001)*

II. Respondent's Reason for Personal Harm
 None given

III. Discrimination Statement:
 I believe I have been discriminated against because of my age, 64 which is in violation of Title VII of the Federal Civil Rights Act of 1964; Age Discrimination in Employment Act (ADEA); Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for following reasons:

1. The company has rehired other retirees.
2. I feel I was treated unfairly and discriminated against because of my age.

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 *12-7-2001*

APPENDIX



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