



200150 TBD.C
'CHARGES OF DISCRIMINATION'

Unofficial Reporter

12/10/2001 - 12/16/2001

{MOST RECENT UPDATE: 1/19/2023}

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200150 TBD.C 001
'CHARGES OF DISCRIMINATION'

CAPTION: *Rogers v. DOC*

CITATION: 200150 TBD.C 001

DATE: 12/10/2001

STATE: FL

CASE NO: 22-00718 (FCHR)

02-002625 (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

02-2625

FILED

CHARGE OF DISCRIMINATION		FCHR No.
Name (Indicate Mr., Ms., or Mrs.) MR. CHARLES ROGERS		Social Security Number 349-44-8504
Street Address PO BOX 331		Date of Birth 3-9/30/52
City, State, and Zip Code WORTHINGTON SPRINGS, FL. 32697		Home Telephone Number (area code) (386) 496-5744
List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.		Work (if possible to call you there) (904) 964-5151
Name FL. DEPARTMENT OF CORRECTIONS	No. of Employees 2000 ±	Telephone No. (area code) (904) 964-5151
Street Address 1200 ANDREWS CIRCLE Dr. NORTH	City, State, and Zip Code STARKE FL. 32091	County BRADFORD
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 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) 11-28-01
THE PARTICULARS ARE: (If additional space is needed, attach extra sheet(s))		
I. Personal Harm: See ATTACHED		
II. Respondent's Reasons for Personal Harm: See ATTACHED		
III. Discrimination Statement: See ATTACHED		
I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED 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.		

01 DEC 10 PM 2:22

RECEIVED
 FLORIDA COMMISSION ON HUMAN RELATIONS
 325 JOHN KNOX ROAD
 TALLAHASSEE, FLORIDA 32303-4149

SIGNATURE OF COMPLAINANT Charles Rogers	DATE 12/1/01
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1. PERSONAL HARM

I AM CONSTANTLY SUBJECTED TO A HOSTILE WORKING ENVIRONMENT BY MY SUPERVISOR. I AM HELD TO A DIFFERENT LEVEL OF PERFORMANCE AND ACCOUNTABILITY THAN OTHER (BLACK) EMPLOYEES. ON 11-28-01, I WAS PUBLICALLY SINGLED OUT AND RIDICULED FOR HAVING ONE (1) OVERDUE INVESTIGATION WHILE NEITHER A BLACK CO-WORKER WITH NINETEEN (19) OVERDUE INVESTIGATIONS, OR ANOTHER BLACK CO-WORKER WITH SEVEN (7) OVERDUE INVESTIGATIONS, WERE MENTIONED.

2. RESPONDENT'S REASON FOR PERSONAL HARM

I HAVE NEVER BEEN GIVEN ANY REASON FOR THESE ACTIONS.

3. DISCRIMINATION STATEMENT

I BELIEVE THAT I HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF MY RACE (WHITE) FOR THE FOLLOWING REASONS.

1. ON 24 JULY 01, A BLACK CO-WORKER AND I WERE INVOLVED IN A INCIDENT WHERE HIS ACTIONS WERE NEARLY IDENTICAL TO MINE. I WAS DISCIPLINED AND HE WAS NOT EVEN REQUIRED TO ADHERE TO ESTABLISHED WRITTEN DEPARTMENT POLICY.

2. ON 10-2-01, I WAS INVOLUNTARILY RE-ASSIGNED, FOR THE FOURTH (4TH) TIME IN TWELVE (12) MONTHS. WHEN I SUGGESTED THAT A BLACK CO-WORKER, WHO HAS

NOT BEEN RE-ASSIGNED ONCE DURING THIS 12 MONTH PERIOD AND WHO HAS LESS SENIORITY THAN I BE RE-ASSIGNED, I WAS TOLD NOT TO "CHALLENGE THE DECISION" OF THE SUPERVISOR.

3. MY CO-WORKERS AND I ARE REQUIRED TO SUBMIT A WORK SCHEDULE FOR EACH MONTH. MY REQUESTS TO BEGIN MY DUTIES BEFORE 8AM ARE REJECTED AND THE SCHEDULES OF CO-WORKERS WHO REQUEST TO BEGIN THEIR DUTIES BEFORE 8AM ARE APPROVED.

4. IN AUGUST OF 2001, AN UNKNOWN PERSON PLACED IN MY OFFICE CHAIR, AN E-MAIL FROM MY SUPERVISOR TO HER SUPERVISOR STATING THAT A BLACK CO-WORKER WAS HELD TO DIFFERENT PERFORMANCE STANDARD THAN I.

SIGNATURE OF COMPLAINANT


CHARLES ROGERS

12/1/01

200150 TBD.C 002
'CHARGES OF DISCRIMINATION'

CAPTION: *Young v. DBPR*

CITATION: 200150 TBD.C 002

DATE: 12/10/2001

STATE: FL

CASE NO: 22-00670 (FCHR)

03-001140 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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Date Stamp (FCHR Use Only)

FILED
 031 MAR 30 AM 9:32

AMENDED CHARGE OF DISCRIMINATION

FCHR No. *03-1140* APT

Name (Indicate Mr. Ms. or Mrs.) Mrs. Michele Young	Social Security # <i>03-1140</i>	Date of Birth 05-03-65
Street Address 1732 Augustine Place	Home Telephone Number (area code) 850-219-0892	
City, State, and Zip Code Tallahassee, Florida 32301	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 Department of Professional Regulation	Number of Employees 15+	Telephone Number
Street Address 1940 North Monroe Street	City, State and Zip Code Tallahassee, Florida 32399	County Leon

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 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) December 6, 2001
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

I. Personal Harm:

I was employed by Respondent from October 15, 2001 until I was wrongfully discharged on December 6, 2001.

II. Respondent's Reason for Personal Harm

Respondent erroneously stated that I was not performing my work duties.

III. Discrimination Statement:

I believe I have been discriminated against because of my Race (Black) which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. I was employed by Respondent starting October 15, 2001. I was continuously told that I did a good job.
2. On December 6, 2001, I was wrongfully terminated. The Respondent erroneously cited that I did not do my job properly.
3. During this general time frame, co-worker Julia Gilbert (White Female), came to work intoxicated. Ms. Gilbert was neither terminated nor reprimanded. She also unplugged her phone because "it was ringing too much."
4. By being wrongfully terminated, I was not treated the same as similarly situated White employees.

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

Michele M. Young

12/10/01

200150 TBD.C 003
'CHARGES OF DISCRIMINATION'

CAPTION: *Fails v. City of Clermont*

CITATION: 200150 TBD.C 003

DATE: 12/12/2001

STATE: FL

CASE NO: 2200114 (FCHR)

02-001902 (DOAH)

CASE TYPE: Employment Discrimination

age	col	dis	fam	mar	nat	rac	rel	ret	sex	unk
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31 DEC 12 PM 12:13

AMENDED CHARGE OF DISCRIMINATION

FCHR No. 2200114 NW

Name (Indicate Mr. Ms. or Mrs.)
Mr. Norris L. Fails

Social Security # Date of Birth

Street Address
604 Brooke Ct.

Home Telephone Number (area code)
352/243-6651

City, State, and Zip Code
Clermont, Florida 34711

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	Number of Employees	Telephone Number
Clermont Police Dept.	15+	
Street Address	City, State and Zip Code	County
865 West Montrose Street	Clermont, Florida 34711	Lake

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) 12/15/00

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

I. Personal Harm:

I was terminated from my position of Police Officer on December 15, 2000. I had been employed for 7 1/2 years with Respondent. I was also subjected to different terms and conditions than my white co-workers.

II. Respondent's Reason for Personal Harm

I was terminated for talking inside a car with a childhood friend who had a warrant out for his arrest that I didn't know about.

III. Discrimination Statement:

I believe I have been discriminated against because of my race, black which is in violation of Florida Civil Rights Act of 1992, as amended; and Chapter 760 of the Florida Statutes for the following reasons:

1. I have witnessed white officers socializing with convicted felons that they were aware of and no disciplinary action was taken.
2. I was doing my duties no different than my white counterparts but I received low evaluations when they didn't.
3. I was disciplined for putting the wrong date on my Army Reserve Leave form when I had proof I was at drill the entire weekend.

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

Handwritten signature of Norris L. Fails

12-07-01

200150 TBD.C 004
'CHARGES OF DISCRIMINATION'

CAPTION: *Maccollister v. City of Tallahassee*

CITATION: 200150 TBD.C 004

DATE: 12/14/2001

STATE: FL

CASE NO: 2102997 (FCHR)

02-003439 (DOAH)

CASE TYPE: Employment Discrimination

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



02-3439

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

AMENDED CHARGE OF DISCRIMINATION		FCHR No. 210299/06	APT.
Name (Indicate Mr. Ms. or Mrs.) Ms. Marilyn G. MacCollister		Social Security # 264-19-0609	Date of Birth 05-22-58
Street Address 722 Augustine Place		Home Telephone Number (area code) 850-878-8716	
City, State, and Zip Code Tallahassee, Florida 32301		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 City of Tallahassee	Number of Employees 15+	Telephone Number
Street Address 00 S. Adams Street	City, State and Zip Code Tallahassee, Florida 32301	County Leon

CAUSE OF DISCRIMINATION BASED ON - Check appropriate box(es) RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/>	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year) 08-09-00
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THE PARTICULARS ARE (If additional space is needed, attach extra sheets(s):

Personal Harm:
 was fired after working for the Respondent for 16 years. I was wrongfully terminated on August 9, 2000.

Respondent's Reason for Personal Harm
 Allegedly failing to do my job in a consistently acceptable manner.

I. Discrimination Statement:
 believe I have been discriminated and retaliated against because of my numerous Disabilities which is in violation of Chapter 760 of the Florida Civil Rights Act as amended for the following reasons:

1. Of the three positions in my area, mine required the most responsibility. However, I was paid a much lower salary than the other two comparable positions in that area.
2. I requested an equity adjustment in order to be paid comparably to my peers. This request was unfairly denied. Similarly situated employees continued to be paid more than I.
3. I have severe allergies to dust, pollen, and perfumes among other things. However, my supervisor, Betty Armstrong, mandated that I work in the main lobby from 7:30 am to 9:00 am. This was the worst time of the day for fumes prior nights cleaning, pollen and fresh perfumes. I requested accommodation for this disability; reasonable accommodations were discriminatorily denied me.
4. I was wrongfully terminated on August 9, 2000.

DEC 14 PM 2:17

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.

NATURE OF COMPLAINANT <i>Marilyn G. MacCollister</i>	DATE 12/14/01
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APPENDIX



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