	11 (2)			4-053
EEOC FORM 131 (5/01)	U.S. Equal Employmen		<u> </u>	
		PE	RSON FILING CHARGE	
Ms. Marion Rad	son, Esq.		•	
City Attorney	•	1	Thomas J.	Bastien
CITY OF GAINES	SVILLE	· TH	IIS PERSON (check on	
P. O. Box 1110	0000			
Gainesville, FL 3	2602		X Claims To Be Aggrie	vea
STANDARD STA	er en		Is Filing on Behalf of	Other(s)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•		OC CHARGE NO.	And the state of t
			510-2008	-04433
	NOTICE OF CHARGE (See the enclosed for	OF DISCRIMINA radditional information)	TION	
This is notice that a cha	arge of employment discrimination has be	en filed against your or	ganization under:	
Title VII of the Civ		· .	with Disabilities Act	
			•	20002
The Age Discrimi	nation in Employment Act	The Equal Pay		Received
I I morgo bisanta	nation in Employment Not	L The Equal by	SEP	2 200a
The boxes checked below	apply to our handling of this charge:	•	a yea h	
No action is required	d by you at this time.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	SEOC Miar	ni District Office
	经验。由 是	Mary Addition to the second		
2. Please call the EEO	C Representative listed below concerning the	further handling of this cha	arge.	
	14.	The second secon	1.74	
	15-SEP-08 a statement of your pos- ntation to the EEOC Representative listed below pt response to this request will make it easier to	w. Your response will be		
	by 15-SEP-08 to the enclosed red d below. Your response will be placed in the fi easier to conclude our investigation.		send your response to the nvestigate the charge. A	
	ion program that gives parties an opportunity to crees. If you would like to participate, please sa			evestigation or
If you <u>DO NOT</u> wish	to try Mediation, you must respond to any requ	uest(s) made above by the	e date(s) specified there.	
For further inquiry on this r or any inquiry you may hav	matter, please use the charge number shown a ve should be directed to:	above. Your position state	ement, your response to or	ur request for informatio
1999	y	85.663 N 3000-0 4 4 4		
	an Gonzalez, ement Supervisor	Miami District		
		2 South Bisca	yne Biva	
Marie	OC Representative	Suite 2700	24	
ψ. = ···	Telephone (305) 808-1762	Miami, FL 331	31	
Enclosure(s): Co	py of Charge			
CIRCUMSTANCES OF ALLE	GED DISCRIMINATION			
RACE COLOR		AL ORIGIN AGE	X DISABILITY RE	TALIATION OTHE
See enclosed co <u>p</u> v o	of charge of discrimination.		\$	
Date	Name / Title of Authorized Official		Signature	
August 15, 2008	Manuel Zurita, Acting Director		1. Alm	

CHARGE OF DISCRIMINATION	Charge	Presented To:	Agency(ies) Charge No(
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act		FEPA	•
Statement and other information before completing this form.	X	EEOC	510-2008-04433
			and EEC
State or local Agenc Name (indicate Mr., Ms., Mrs.)	cy, if any	Home Phone (Incl. Are	a Code) Date of Birth
Mr. Thomas J. Bastien		(352) 485-15	
Street Address City, State and 1822 N. W. 230 Place, Brooker, FL 32622	i ZiP Code		
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship C Discriminated Against Me or Others. (If more than two, list under PARTICULARS be		ite or Local Governmer	nt Agency That I Believe
Name		No. Employees, Members	Phone No. (Include Area C
CITY OF GAINESVILLE		500 or More	(352) 334-216
Street Address City, State and	i ZIP Code		· ·
405 N. W. 39 th Avenue, Gainesville, FL 32602			
ame Received		No. Employees, Members	Phone No. (Include Area C
AUG 1.8 2008			
Street Address City, State and	ZIP Code		
EEOC Miami District Office			
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISC	CRIMINATION TOOK PLACE
RACE COLOR SEX RELIGION	NATIONAL ORIGI	l	
RETALIATION AGE X DISABILITY OTHE	ER (Specify below.)		
	,, ,		CONTINUING ACTION
THE PARTICULARS ARE (if additional paper is needed, attach extra sheet(s)):			sings lub 1079 Or
 I am a qualified individual with a disability. I worked for the June 19, 2008, the Respondent failed to provide me with a reme from my Store Keeper II position. 	reasonable a	ned Respondent accommodation f	or lifting and terminal
II. Respondent stated that they needed to fill my position sin	ice I had hee	en out on sick lea	ive for one vear due
an accident I had. Respondent also commented about my of	doctor restric	cting me to lift mo	ore than 20lbs.
Although lifting was a daily requirement, it was only about 20 able to perform without an accommodation or assistance.	0% of my job	o duties. The oth	ner 80% of my job I w
III. I believe the Respondent discriminated against me in vio	lation of the	Americans with	Disabilities Act.
	•		
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 phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When i	necessary for State and Lo	ocal Agency Requirements
declare under penalty of perjury that the above is true and correct.	the best of my kr	nowledge, information a	ove charge and that it is true and belief.
	SIGNATURE OF C	OMPLAINANT	
- PRT	SUBSCRIBED AN	D SWORN TO BEFORE	ME THIS DATE
V-8-08 100 1) uslien 1	(month, day, year)		



U.S. Equal Employment Opportunity Commission Miami District Office

2 South Biscayne Blvd Suite 2700 Miami, FL 33131 (305) 808-1851 TTY (305) 808-1742 FAX (305) 808-1855

Charging Party: Thomas J. Bastien EEOC Charge No.: 510-2008-04433

Ms. Marion Radson, Esq. City Attorney CITY OF GAINESVILLE P. O. Box 1110 Gainesville, FL 32602

Dear Ms. Radson:

Your organization is hereby requested to submit information and records relevant to the subject charge of discrimination. The Commission is required by law to investigate charges filed with it, and the enclosed request for information does not necessarily represent the entire body of evidence which we need to obtain from your organization in order that a proper determination as to merits of the charge can be made. Please submit a response to the requested information by the deadline.

The information will only be disclosed in accordance with 29 C.F.R. 1601.22, or otherwise made public if the charge results in litigation.

Juan	Gonzal	ez .	

The following dates are considered to be the "relevant period" for the attached Request for Information: July 1, 2007 - July 31, 2008

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

REQUEST FOR INFORMATION

Charging Party: Thomas J. Bastien Respondent: CITY OF GAINESVILLE EEOC Charge No.: 510-2008-04433

- 1. Give the correct name and address of the facility named in the charge.
- 2. State the total number of persons who were employed by your organization during the relevant period. Include both full and part-time employees. How many employees are employed by your organization at the present time?
- 3. Supply an organizational chart, statement, or documents which describe your structure, indicating, if any, the relationship between it and superior and subordinate establishments within the organization.
- 4. Supply a statement or documents which identify the principal product or service of the named facility.
- 5. State the legal status of your organization, i.e., corporation, partnership, tax-exempt non-profit, etc. If incorporated, identify the state of incorporation.
- 6. State whether your organization has a contract with any agency of the federal government or is a subcontractor on a project which receives federal funding. Is your organization covered by the provisions of Executive Order 11246? If your answer is yes, has your organization been the subject of a compliance review by the OFCCP at any time during the past two years?
- 7. Submit a written position statement on each of the allegations of the charge, accompanied by documentary evidence and/or written statements, where appropriate. Also include any additional information and explanation you deem relevant to the charge.
- 8. Submit copies of all written rules, policies and procedures relating to the issue(s) raised in the charge. If such does not exist in written form, explain the rules, policies and procedures.

Issue: DISCHARGE

- 1. If the charging party was discharged, submit the following:
 - a. date of discharge,
 - b. reason for discharge,
 - c. statement of whether the charging party had any right of appeal, and whether the charging party made use of any appeal rights
 - d. person recommending the discharge, including name, position held,
 - e. person making final decision to discharge the charging party, including name, position held. Attach copy of any evaluation or investigation report relating to the discharge, and
 - f. copies of all pertinent documents in the charging party's personnel file relating to the subject discharge.
- 2. Explain your discharge procedures in effect at the time of the alleged violation. If the procedures are in writing, submit a copy.
- 3. Submit copies of all written rules relating to employee duties and conduct. Explain how employees learn the contents and rules.
- 4. List all employees who committed the same or substantially similar offense(s) that the charging party committed and the disciplinary action taken against them. Supply backup documentation for the list. Include name, position title.
 - 5. List all the employees discharged within the relevant period. For each employee, include employees name, position title, reason for and date of discharge, and a copy of the separation notice.