

990262



# MEMORANDUM

Office of the City Attorney

Phone: 334-5011/Fax 334-2229  
Box 46

**TO:** Mayor and City Commissioners  
**FROM:** Marion J. Radson, City Attorney  
**SUBJECT:** Norris, Carl E. v. The City of Gainesville  
EEOC Complaint  
Charge Number 150993366


**DATE:** July 26, 1999


**CONSENT ITEM**

---

Recommendation: The City Commission authorize the City Attorney and/or Special Counsel, if insurance coverage is available, to represent the City of Gainesville in the case styled Carl E. Norris v. City of Gainesville, a Municipal Corporation. Charge Number 150993366.

On July 9, 1999 the City of Gainesville received, via U.S. Mail, a complaint filed with the EEOC by Carl E. Norris. Mr. Norris alleges that the City discriminated against him based on his race and disability.

Prepared by:   
Elizabeth A. Waratuke  
Litigation Attorney

Approved  
and Submitted by:   
Marion J. Radson  
City Attorney

EAW/mec

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

Mr. Marion J Radson  
 City Attorney  
 City Of Gainesville  
 P.O. Box 1110  
 Gainesville, FL 32602

PERSON FILING CHARGE

Norris, Carl E

THIS PERSON (check one)

- CLAIMS TO BE AGGRIEVED  
 IS FILING ON BEHALF OF ANOTHER

DATE OF ALLEGED VIOLATION

*Earliest* 03/29/1999 *Most Recent* 03/29/1999

PLACE OF ALLEGED VIOLATION

Gainesville, FL

CHARGE NUMBER

150993366

**NOTICE OF CHARGE OF DISCRIMINATION**

*(See EEOC "Rules and Regulations" before completing this Form)*

You are hereby notified that a charge of employment discrimination has been filed against your organization under:

- TITLE VII OF THE CIVIL RIGHTS ACT OF 1964  
 THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967  
 THE AMERICANS WITH DISABILITIES ACT  
 THE EQUAL PAY ACT (29 U.S.C, SECT. 206(d)) investigation will be conducted concurrently with our investigation of this charge.

The boxes checked below apply to your organization:

1.  No action is required on your part at this time.  
 2.  Please submit by 08/03/99 a statement of your position with respect to the allegation(s) contained in this charge, with copies of any supporting documentation. This material will be made a part of the file and will be considered at the time that we investigate this charge. Your prompt response to this request will make it easier to conduct and conclude our investigation of this charge.  
 3.  EEOC has instituted a Mediation program which provides parties with an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please indicate that desire on the enclosed form and respond by 08/03/99. If you **DO NOT** wish to participate in Mediation, you must submit a statement of your position, by the above designated date.

For further inquiry on this matter, please use the charge number shown above. Your position statement or decision to participate in Mediation, your response to our request for information, or any inquiry you may have should be directed to:

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

Erika La'Cour, Supervisor  
*(Commission Representative)*

(305) 536-4463

*(Telephone Number)*

Enclosure: Copy of Charge

BASIS OF DISCRIMINATION

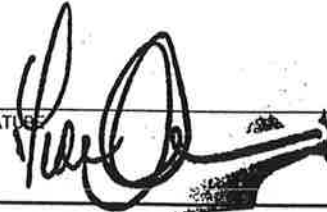
- RACE  COLOR  SEX  RELIGION  NAT. ORIGIN  AGE  DISABILITY  RETALIATION  OTHER

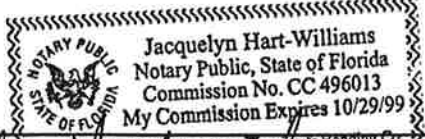
CIRCUMSTANCES OF ALLEGED VIOLATION

DATE  
 07/09/1999

TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL  
 Federico Costales  
 Director

SIGNATURE



<b>CHARGE OF DISCRIMINATION</b>		AGENCY	CHARGE NUMBER
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	150 993366
<u>Florida Comm. on Human Relations</u>		and EEOC	
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) <b>Mr. Carl E. Norris</b>		HOME TELEPHONE (Include Area Code) <b>(352) 338-8222</b>	
STREET ADDRESS <b>P.O. Box 152, Brooker, FL 32622</b>		CITY, STATE AND ZIP CODE	DATE OF BIRTH <b>09/20/1956</b>
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 <b>Gainesville Regional Utilities</b>	NUMBER OF EMPLOYEES, MEMBERS <b>Cat B (101-200)</b>	TELEPHONE (Include Area Code) <b>(352) 334-2669</b>	
STREET ADDRESS <b>P.O. Box 490, Gainesville, FL 32609</b>		CITY, STATE AND ZIP CODE	COUNTY <b>001</b>
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		EARLIEST                      LATEST <b>03/29/1999    03/29/1999</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):			
<p>I. I am a 42 year old Black male with a disability. The Respondent refused to provide me with a reasonable accommodation. As a result, I was forced into early retirement on 03/29/99 while I was on medical leave.</p> <p>II. I worked for the Respondant for 21 years with a disability. I was not accommodated with my disability while the Respondant accommodated White employees with disabilities. On March 29, 1999 I was forced into early retirement.</p> <p>III. The Respondent discriminated against me because of my Race and disability in violation of Title VII of the 1964 Civil Right Act, as amended and Title I of the Americans with Disabilities Act.</p>			
<input checked="" type="checkbox"/> 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. I declare under penalty of perjury that the foregoing is true and correct.		NOTARY - (When necessary, attach Notary Public Seal & Bonding Co. 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.	
SIGNATURE OF COMPLAINANT, <b>Carl E. Norris</b> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)			
Date <b>07/04/99</b> <b>Carl E. Norris</b> Charging Party (Signature)			

