

Phone: 334-5011/Fax 334-2229

Box 46

TO:

Mayor and City Commissioners

DATE:

July 26, 1999

FROM:

Marion J. Radson, City Attorney

CONSENT ITEM

SUBJECT:

Norris, Carl E. v. The City of Gainesville

EEOC Complaint

Charge Number 150993366

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		PERSON FILING CHARGE	
Mr. Marion J Radson City Attorney City Of Gainesville P.O. Box 1110 Gainesville, FL 32602 NOTICE OF CHARGE OF DISCRIMINATION See ESSO * Solves and Regulations' before completing total rooms of this charge. NOTICE OF CHARGE OF DISCRIMINATION (See ESSO * Solves and Regulations' before completing total rooms) THE AGE DISCRIMINATION IN CONTROL THE CIVIL RIGHTS ACT OF 1984 THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 THE DEAD A pay ACT (20 U.S.C, SECT. 208(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. The please submit by 08/03/99 a statement of your position with respect to the allegation contained in this charge, with copies of any supporting documentation. This material will 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 on investigation or expenditure of resourced if you would like to participate, please indicate that desire on the enclosed form at respond by 08/03/99. If you DONOT wish to participate in Mediation, your mesponse 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 Blyd. MIAMI, FLORIDA 33131 3 (305) 536-8463 George Testaliation College of Color Sex Melicion Nat. Origin Ase Middle Distriction of the charge members and concluder on the color of the charge of the charge members of the charge complete the color of the charge of the	EQUAL EMPLOYMENT OPPORTUNITY COMMISSION		
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NOTICE OF CHARGE OF DISCRIMINATION (See ESOC *Nules and Regulations' before completing this rans) 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 1984 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 (contained in this charge, with copies of any supporting documentation. This material will made a part of the file and will be considered at the time that we investigate this charge investigation of this charge with copies of any supporting documentation. This material will made a part of the file and will be considered at the time that we investigate this charge investigation of this charge without extensive investigation or expenditure of resources in you would like to participate, please indicate that desire on the enclosed form and respond by 08/03/99. If you DoNOIT wish to participate in Mediation, you must submit 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 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 Glephone Number) Bis of DISCRIMINATION SEX RELIGION NAT. ORIGIN AGE DISABILITY BETALIATION OTHEr contractions OTHER DISABILITY DISTRICTORY OTHER DISABILITY DISTRICTORY OTHER DISTRICTORY OTHER DISTRICTORY OTHER OTHER DISTRICTORY OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OT			
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	TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL	SIGNATURE	
7/09/1999 Director		VILLE DE	
4.6	OC FORM 131-ADR (Test 05/99)		

RESPONDENT'S COPY

CHARGE OF DISCRIMINAT	TION	AGENCY	CHARGE NUMBER	
This form is affected by the Privacy Act of 1974; See Privac completing this form.	y Act Statement before	FEPA EEOC	150 993366	
Florida Comm. on Human Relations and EEOC State or local Agency, if any				
NAME (Indicate Mr., Ms., Mrs.)		HOME TELEF	PHONE (Include Area Code)	
Mr. Carl E. Norris street address city, state an	D 710 CODE	(352) 338-8222	
P.O. Box 152, Brooker, FL 32622			DATE OF BIRTH 09/20/1956	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, I STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIP	EMPLOYMENT AGENCY MINATED AGAINST M	APPRENTI E <i>(If more th</i>	CESHIP COMMITTEE,	
	UMBER OF EMPLOYEES, ME		EPHONE (Include Area Code)	
Gainesville Regional Utilities STREET ADDRESS CITY, STATE AN	Cat B (101-200) D ZIP CODE) (352) 334-2669 COUNTY	
P.O. Box 490, Gainesville, FL 32609		TELEBUONE N	001 UMBER (Include Area Code)	
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CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISC	RIMINATION TOOK PLACE	
	NATIONAL ORIGIN		999 03/29/1999	
			NUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra I. I am a 42 year old Black male wit refused to provide me with a reasonab was forced into early retirement on 0 leave.	h a disability le accommodation	on. As	a result, I	
II. I worked for the Respondant for not accommodated with my disability w White employees with disabilities. O early retirement.	hile the Respon	ndant ac	commodated	
III. The Respondent discriminated ag disability in violation of Title VII amended and Title I of the Americans	of the 1964 Civ	vil Righ		
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Jacquelyn Hart-Williams Notary Public, State of Florida Commission No. CC 496013 My Commission Expires 10/29/99				
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	NOTARY - (When the sassault) I swear or affin that I		The Resourcements)	
address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	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 COMPLA	•		
07/01/99 Carl E. Marris	SUBSCRIBED AND SW (Day, month, and year)		ORE ME THIS DATE	
Date 07/04/99 Charging Party (Signature) EEOC FORM 5 (Rev. 06/92)	, , , , , , , , , , , , , , , , , , , ,			
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