

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:

abeth A. Waratuke Litigation Attorney

Approved

and Submitted by:

Marion J. Radson

City Attorney

EAW/mec

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FOLIAL	EMPLOYMENT OPPORTUNITY	COMMISSION	PERSON FILING CHARGE			
LGOAL	Emi Ediment di l'Ollidani		Norris, Carl E THIS PERSON (check one)			
			X CLAIMS TO BE AGGRIEVED			
	Marion J Radson Attorney	,	IS FILING ON BEHALF OF ANOTHER			
	Of Gainesville		DATE OF ALLEGED VIOLATION Earliest Most Recent			
P.O.	Box 1110		03/29/1999 03/29/1999			
Gaine	esville, FL 32602		PLACE OF ALLEGED VIOLATION			
			Gainesville, FL			
		 2.	150993366			
NOTICE OF CHARGE OF DISCRIMINATION (See EEOC "Rules and Regulations" before completing this Form)						
You are here organization		mployment discriminat	tion has been filed against your			
X TITL	E VII OF THE CIVIL RIGHTS ACT OF 1964					
THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967						
THE AMERICANS WITH DISABILITIES ACT						
	EQUAL PAY ACT (29 U.S.C, SECT. 206(d)) his charge.	investigation will be cond	ducted concurrently with our investigation			
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 <u>DO NOT</u> wish to participate in Mediation, you must submit a statement of your position, by the above designated date.						
	articipate in Mediation, your resp		shown above. Your position statement or information, or any inquiry you may have			
One Bisca 2 South E MIAMI, FL	STRICT OFFICE yne Tower, Suite 2700 Biscayne Blvd. ORIDA 33131	, and the second	Cour, Supervisor (Commission Representative) (36-4463 (Telephone Number)			
	Copy of Charge		(2007.000.00)			
BASIS OF DISCRIMINAT			<u> </u>			
X RACE COLOR SEX RELIGION NAT. ORIGIN AGE DISABILITY RETALIATION OTHER						
CIRCUMSTANCES OF ALLEGED VIOLATION						
			^			
		120				
DATE	TYPED NAME/TITLE OF AUTHORIZED EEOC OF Federico Costales	FICIAL	SIGNATURA			
07/09/1999	Director		· long			

CHARGE OF DISCRIMINATION			CHARGE NUMBER			
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			150 993366			
Florida Comm. on Human Relations and EEOC State or local Agency, if any						
NAME (Indicate Mr., Ms., Mrs.) HOME TELEPHONE (Include Area Code)						
Mr. Carl E. Norris	¥)		2) 338-8222			
STREET ADDRESS CITY, STATE AND ZIP CO	DE	1 1 1 2 2 2	DATE OF BIRTH			
P.O. Box 152, Brooker, FL 32622 09/20/1956						
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 NUMBER OF EMPLOYEES, MEMBERS TELEPHONE (Include Area Code)						
I	(101-200		352) 334-2669			
STREET ADDRESS CITY, STATE AND ZIP CO	DE		COUNTY			
P.O. Box 490, Gainesville, FL 32609		TELEBUONE A	UMBER (Include Area Code)			
NAME		I ELEPHONE I	TOMBER (Include Area code)			
STREET ADDRESS CITY, STATE AND ZIP CO	DDE		COUNTY			
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISC	RIMINATION TOOK PLACE			
X RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN			LATEST			
RETALIATION AGE X DISABILITY OTHER (Specif	(v)	I —	999 03/29/1999			
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s	-11-	CONT	INUING ACTION			
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. 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.						
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.						
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			N.			
	\$ 5 A.	Jacque Notary P	yn Hart-Williams ablic, State of Florida sision No. CC 496013 ission Expires 10/29/99			
I want this charge filed with both the EEOC and the State or NOTARY - (When the state of NOTARY - (When the state						
address or telephone number and cooperate fully with them in the I swer or affirm that I have read the above charge and that						
processing of my charge in accordance with their procedures.						
I declare under penalty of perjury that the foregoing is true SIGNAT and correct.	TURE OF COMPL	_				
	$\omega \alpha c_{\lambda} r_{\lambda}$	ONUS) VORN TO BE	FORE ME THIS DATE			
Date 07/04/99 Charging Party (Signature) EEOC FORM 5 (Rev. 06/92) RESPONDENT'S COPY \/ \(\) H						
ALEXA		HESPO:	NDENI'S COPY \/ .1#			

RESPONDENT'S COPY Y SHU