

002140 LEGISLATIVE ITEM NO.

Phone: 334-5011/Fax 334-2229

Box 46

TO:

Mayor and City Commission

DATE: November **2**6, 2001

FROM:

City Attorney

CONSENT

SUBJECT:

EEOC / FCHR Charge No. 150A20237

Recommendation: The City Commission authorize the City Attorney's Office to represent the City in the case styled Karen Snyder v. City of Gainesville, EEOC/FCHR Charge No. 150A20237.

On November 16, 2001, the City of Gainesville received a Notice of Charge of Discrimination from the Equal Employment Opportunity Commission. Ms. Snyder alleges that she was retaliated against for complaining about gender based discrimination in the form of a negative performance evaluation.

Prepared by:

figation Attorney

Approved and Submitted by:

Marion J. Radson, City Attorney

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION	PERSON FILING CHARGE Snyder, Karen
-	
	THIS PERSON (check one)
	X CLAIMS TO BE AGGRIEVED
Marion J Radson	IS FILING ON BEHALF OF ANOTHER,
City Attorney	DATE OF ALLEGED VIOLATION Earliest Most Recent
City Of Gainesville	06/28/2001 06/28/2001
P.O. Box 1110 Gainesville, FL 32602	PLACE OF ALLEGED VIOLATION
Gainesville, FL 32002	Gainesville, FL
1	CHARGE NUMBER
	150A20237 -
NOTICE OF CHARGE OF DISCRIMING (See EEOC "Rules and Regulations" before completing	NATION (this Form)
You are hereby notified that a charge of employment discriminat organization under:	tion has been filed against your
I TITLE VII OF THE CIVIL RIGHTS ACT OF 1964	2584
THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967	Z EN
THE AMERICANS WITH DISABILITIES ACT	977 FTE
THE EQUAL PAY ACT (29 U.S.C, SECT. 206(d)) investigation will be cond of this charge.	ducted concurrently with our investigation
The boxes checked below apply to your organization:	
 No action is required on your part at this time. Please submit by 12/07/01 a statement of your positio contained in this charge, with copies of any supporting made a part of the file and will be considered at the Your prompt response to this request will make it entirestigation of this charge. 	documentation. This material will be time that we investigate this charge.
3. $\overline{\mathbf{X}}$ EEOC has instituted a Mediation program which proving resolve the issues of a charge without extensive invest If you would like to participate, please indicate the respond by $\frac{11/22/01}{2}$ to ticipate in Mediation, you must submit a statement Representative listed below, by the above date.	igation or expenditure of resources. hat desire on the enclosed form and If you <u>DO NOT</u> wish to parof your position to the Commission
For further inquiry on this matter, please use the charge number sh response to our request for information, or any inquiry you may have s	should be directed to:
2 South Biscayne Blyd.	t Carrillo, A.D.R Coordinato (Commission Representative) 536-4476 (Telephone Number)
☑ Enclosure: Copy of Charge	(1 dephone Hamour)
BASIS OF DISCRIMINATION	
☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NAT. ORIGIN ☐ AGE ☐	DISABILITY X RETALIATION OTHER
CIRCUMSTANCES OF ALLEGED VIOLATION	*
See enclosed Form 5, Charge of Discrimination.	^ ~
DATE TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL Federico Costales	SIGNATURE
11/08/2001 Director	

			1	
CHARGE OF DISCRIMINATION	NC	AGENCY	CHARGE NUMBER	
This form is affected by the Privacy Act of 1974; See Privacy . completing this form.	Act Statement before	FEPA EEOC	150 AZ 0237	
Company of the				
Florida Comm. on Human Relation: State or local Agency, if	any		and bboo	
		751		
NAME (Indicate Mr., Ms., Mrs.)			EPHONE (Include Area Code)	
Ms. Karen Snyder CITY, STATE AND	71B CODE	(35	52) 380-0705	
STREET ADDRESS CITY, STATE AND			11/30/1962	
4000 N.W. 51 St., Apt. 241, Gainesvill NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EM	PLOYMENT AGENCY	APPREN	TICESHIP COMMITTEE,	
CTATE OR LOCAL GOVERNMENT AGENCY WHO DISCHIMI	MAIED AGAINSI M	C (11 more	Chan one list below.	
NAME NAME	BER OF EMPLOYEES, ME	MBERS T	ELEPHONE (Include Area bode)	
Ottor Of Coinceville	at D (501 +)		(352) 334-5000	
STREET ADDRESS	ZIP CODE		COUNTY	
P.O. Box 490, Gainesville, FL 32602		TEL EPHONE	NUMBER (Include Area Code)	
NAME		TEEE! HORE	8.8	
STREET ADDRESS CITY, STATE AND	ZIP CODE		COUNTY	
STREET ADDRESS				
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))			SCRIMINATION TOOK PLACE	
	NATIONAL ORIGIN	EARLIEST LATEST		
☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ SEX ☐ RELIGION ☐ OTHER	R(Specify)	06/28/2001 06/28/2001		
25) RETACIATION - NO.		X co	NTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra	sheet(s)):		0	
		1 10	2000 28 2	
I. I was employed by the Respondent b	eginning Apri	nt die	criminatory	
Recreation Manager. In May, 2001, I of treatment I had been receiving to the	City's equal	opport	unity office.	
treatment I had been receiving to the	me a negativ	e perf	ormance	
After my complaint, my supervisor gave me a negative performance				
evaluation on June 28, 2001.				
II. The reason given to me by the Res	spondent for t	he neg	ative	
performance evaluation was problems with interpersonal relationships and				
communication skills.				
	lital amaimat	for a	omplaining	
III. I believe that I have been retaliated against for complaining				
about gender based discrimination, in violation of Title VII of the				
Civil Rights Act of 1964, as amended, by receiving a negative				
performance evaluation.	14			
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in the second se				
I want this charge filed with both the EEOC and the State or	NOTARY - (When necess	ary for Sta	ite and Local Requirements)	
local Agency, if any. I will advise the agencies if I change my				
address or telephone number and cooperate fully with them in the	I swear or affirm that it is true to the best	of my know:	d the above charge and that ledge, information and belief.	
processing of my charge in accordance with their procedures.	SIGNATURE OF COMP		T.	
I declare under penalty of perjury that the foregoing is true and correct.	SIGNATURE OF COMP	FUTINAIA I		
() 6)				
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SUBSCRIBED AND	SWORN TO	BEFORE ME THIS DATE	
10/29/01 X auch	(Month, day and year)			
Date Charging Party (Signature)		BEA	DONDENTIC CODY	
EEOC FORM 5 (Rev. 07/99)		KES	PONDENT'S COPY	