



MEMORANDUM

Office of the City Attorney

991229

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

TO: Mayor and City Commissioners

DATE: March 27, 2000

FROM: City Attorney

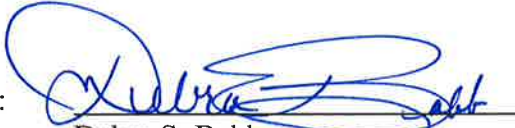
CONSENT

SUBJECT: EEOC Charge
Thomas Hannah, Sr. v. City of Gainesville


Recommendation: The City Commission authorize the City Attorney and/or Special Counsel if insurance coverage is available, to represent the City in the case styled Thomas M. Hannah, Sr. v. City of Gainesville; EEOC Charge No.: 150A01624.

On March 6, 2000, the City of Gainesville received a Notice of Charge of Discrimination from the Equal Employment Opportunity Commission. Mr. Thomas M. Hannah, Sr. alleges that he was reassigned from Gainesville Regional Utilities to Public Works because of a disability. He alleges that his reassignment caused him to lose future employment and advancement opportunities.

Prepared by:


Debra S. Babb,
Assistant City Attorney

Submitted by:


Marion J. Radson,
City Attorney

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Ms. Marion J Radson
City Attorney
Law Department
City Of Gainesville
P.O. Box 1110
Gainesville, FL 32602-1110

PERSON FILING CHARGE

Hannah, Sr., Thomas M

THIS PERSON (check one)

- ☒ CLAIMS TO BE AGGRIEVED
☐ IS FILING ON BEHALF OF ANOTHER

DATE OF ALLEGED VIOLATION

Earliest 05/24/1999 Most Recent 05/24/1999

PLACE OF ALLEGED VIOLATION

Gainesville, FL

CHARGE NUMBER

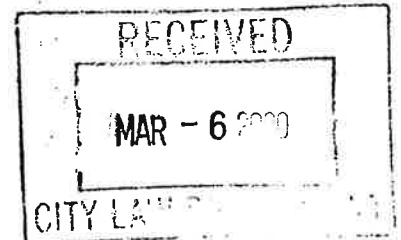
150A01624

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 03/14/00 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. ☐ Please respond fully by _____ to the attached request for information which pertains to the allegations contained in this charge. Such information will be made a part of the file and will be considered by the Commission during the course of its investigation of the charge.

For further inquiry on this matter, please use the charge number shown above. Your position statement, 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

Juan Gonzalez, Supv. Investigator
(Commission Representative)

(305) 530-6044

(Telephone Number)

☒ Enclosure: Copy of Charge

BASIS OF DISCRIMINATION

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NAT. ORIGIN ☐ AGE ☒ DISABILITY ☐ RETALIATION ☐ OTHER

CIRCUMSTANCES OF ALLEGED VIOLATION

See enclosed Form 5, Charge of Discrimination.

DATE

02/29/2000

TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL

Federico Costales
Director

SIGNATURE

[Handwritten Signature]

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

☐ FEPA
☒ EEOC

150AD1624

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

Florida Comm. on Human Relations

State or local Agency, if any

and EEOC

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Mr. Thomas M. Hannah, Sr.

(352) 466-3783

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

Rt. 2, Box 900, Micanopy, FL 32667

01/19/1957

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)

City Of Gainesville/Regional Util.

Cat D (501 +)

(352) 334-3400

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

202 East University Avenue, Gainesville, FL 32602

001

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
EARLIEST LATEST

05/24/1999 05/24/1999

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

- I. I am disabled. In May 1999 I was hired to the position of waste water operator trainee. In that same month I received testing for confined spaces and I was told by Doug Prentiss, safetyman, that I passed the test and did as well as anyone else. Mr. Prentiss declined to sign my certification for confined spaces. He was afraid I would have an accident and didn't want to be accountable for it. After two days of taking the test I was reassigned from Gainesville Regional Utilities to the Streets Division, Public Works Dept. I performed the duties of operator trainee without problems for approximately three weeks. I was denied future employment opportunities and advancement opportunities by being reassigned. My work records were altered by my employer to reflect that I couldn't perform certain job skills, that I actually could perform.
- II. Mr. Prentiss, safetyman, indicated he would not certify me because he was afraid I would have an accident. I have a CDL commercial license through the state of Florida.
- III. I believe I have been discriminated against because of my disability in violation of Title I of the Americans with Disabilities Act of 1990.

☒ 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 for State and Local 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

Thomas M. Hannah



SHARON ELDRED
Comm. No. 0000000000
My Comm. Expires 11/2000
Bonded thru Picher, Inc. 2/1/99

Thomas M. Hannah

SHARON ELDRED

Date

Charging Party

