



MEMORANDUM

Office of the City Attorney

070929
Phone: 334-5011/Fax 334-2229
Box 46

TO: Mayor and City Commissioners

DATE: February 25, 2008

FROM: City Attorney

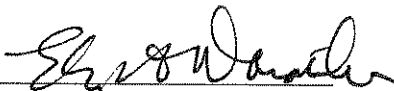
CONSENT

SUBJECT: EEOC Charge No. 846-2008-15144
Megan Grant vs. the City of Gainesville


Recommendation: The City Commission authorize the City Attorney to represent the City in the case styled Megan Grant vs. the City of Gainesville; EEOC Charge No.: 846-2008-15144.

On February 12, 2008, the City of Gainesville received a Notice of Charge of Discrimination from the U.S. Equal Employment Opportunity Commission. Ms. Megan Grant alleges that she was discriminated against based on her sex.

Prepared by:


Elizabeth A. Waratuke,
Litigation Attorney

Submitted by:


Marion J. Radson,
City Attorney

EAW/klm

U.S. Equal Employment Opportunity Commission

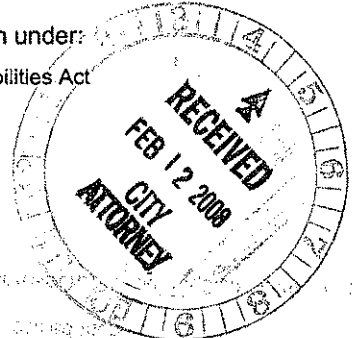
Marion Radson, Esq. City Attorney CITY OF GAINESVILLE, LAW DEPARTMENT Gainesville Regional Utilities P. O. Box 1110 Gainesville, FL 32602	PERSON FILING CHARGE
	Megan Grant
	THIS PERSON (check one or both) <input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)
EEOC CHARGE NO. 846-2008-15144	

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Title VII of the Civil Rights Act | <input type="checkbox"/> The Americans with Disabilities Act |
| <input type="checkbox"/> The Age Discrimination in Employment Act | <input type="checkbox"/> The Equal Pay Act |



The boxes checked below apply to our handling of this charge:

- No action is required by you at this time.
 - Please call the EEOC Representative listed below concerning the further handling of this charge.
 - Please provide by **10-MAR-08** a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
 - Please respond fully by **10-MAR-08** to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
 - EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by to
- If you **DO NOT** wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

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:

Mellanese Jones,
Enforcement Supervisor

EEOC Representative

Telephone **(305) 808-1749**

Miami District Office
2 South Biscayne Blvd
Suite 2700
Miami, FL 33131

Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

- RACE
 COLOR
 SEX
 RELIGION
 NATIONAL ORIGIN
 AGE
 DISABILITY
 RETALIATION
 OTHER

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official	Signature
February 7, 2008	Federico Costales, District Director	

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

846-2008-15144

Florida Commission On Human Relations

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Megan Grant

Home Phone (Incl. Area Code)

(352) 376-7864

Date of Birth

07-07-1975

Street Address

City, State and ZIP Code

4414 N. W. 69th Street, Gainesville, FL 32606

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CITY OF GAINESVILLE

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(352) 334-5077

Street Address

City, State and ZIP Code

Gainesville Regional Utilities, P. O. Box 147117, Station A118, Gainesville, FL 32614

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es))

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

10-23-2007

11-08-2007

CONTINUING ACTION

THE PARTICULARS ARE (if additional paper is needed, attach extra sheet(s)):

I am a female who was pregnant. I was denied personal/sick leave and discharged from the position of Customer Service Representative because of my pregnancy.

I began employment with Respondent in 1/06. I had no work performance problems. In 1/07, I found out that I was pregnant and informed Respondent about same. In 5/07, my pregnancy became high risk and I was placed on complete bed rest by my doctor. I then requested and was denied an accommodation to work from home. After I exhausted all the FMLA afforded to me, I requested and was denied personal/sick leave under Respondent's policy. Another similarly situated employee was allowed to take personal/sick leave under Respondent's policy.

I believe that I was discriminated against because of my sex (pregnancy), in violation of Title VII of the Civil Rights Act of 1964, as amended.

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 phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

1/29/08

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)