



State of Florida

Florida Commission on Human Relations

An Equal Opportunity Employer • Affirmative Action Employer

Charlie Crist
Governor

2009 Apalachee Parkway • Suite 200 • Tallahassee, Florida 32301-4857

(850) 488-7082
Web Site <http://fchr.state.fl.us>



Dr. Donna Elam
Chair

Derick Daniel
Executive Director

NOTICE OF FILING OF COMPLAINT OF DISCRIMINATION

November 5, 2008

Gainesville Police Dept.
c/o Elizabeth Waratuke, Esquire
Post Office Box 1110
Gainesville, FL 32602
Certified Receipt #: 70062760000062428509



Re: FCHR No. 200900291
EEOC No. 15D200900108
Washington, Willie v. Gainesville Police Dept.

Dear Waratuke:

You are hereby notified that the enclosed charge of employment discrimination has been filed against your company or organization.

The charge was filed under one or more of the following laws; (a) The Florida Civil Rights Act of 1992, as amended (Chapter 760, Florida Statutes); (b) Title VII of the Civil Rights Act of 1964, as amended; (c) the Age Discrimination in Employment Act (ADEA); and/or (d) The Americans with Disabilities Act (ADA).

The law prohibits retaliation against any person for making a complaint, testifying, assisting or participating in an investigation, proceeding, or hearing on an alleged unlawful employment practice.

The Commission invites you to participate in a Mediation Conference in an effort to expeditiously and amicably resolve this dispute. Mediation offers an alternative to an investigation of this complaint and is designed to allow the parties to resolve this matter in a voluntary and informal process. The enclosed brochure describes the mediation process in detail. It is our experience that mediation results in reduced costs, avoids lengthy investigations, and leads to early resolutions in a non-adversarial proceeding.

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If you wish to participate in FCHR's Mediation process, please sign, date and return the enclosed Agreement to Mediate and Confidentiality Agreement no later than ten (10) days of the date of this letter. If you do not return these forms with your signature and date within ten (10) days of the date of this letter indicating that you are interested in mediation, we will consider mediation declined. You must furnish the enclosed Information/Document Request and Affidavit to Authenticate Documents within twenty-one (21) days of the date of this letter (Commission Rule 60Y-5.003, Florida Administrative Code) regardless of whether or not you agree to mediate.

The Information/Document Request has been tailored to obtain relevant and necessary information to evaluate the factual allegations made in the complaint of discrimination. Please note that if you do not provide the requested information, your actions may result in either adverse findings or the Commission may invoke its power to subpoena the information. You are therefore urged to respond completely to each item of this Request for Information. THIS IS AN INITIAL INVESTIGATIVE INQUIRY AND ADDITIONAL INFORMATION MAY BE REQUIRED IN THE FUTURE.

In the event you receive this letter and are not the authorized representative for this company or organization, **please forward this correspondence to such person immediately or contact the Commission at (850) 488-7082.**

Sincerely,

Employment Manager

Enclosures

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Elizabeth Waratuke
Esquire
City of Gainesville
Post Office Box 1110
Gainesville, FL 32602

PERSON FILING CHARGE

Washington, Willie

THIS PERSON (check one)

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

DATE OF ALLEGED VIOLATION

Earliest

Most Recent

05/01/2008

PLACE OF ALLEGED VIOLATION

Alachua

EEOC CHARGE NUMBER

15D200900108

FEPA CHARGE NUMBER

200900291

NOTICE OF CHARGE OF DISCRIMINATION IN JURISDICTIONS WHERE A FEP AGENCY WILL INITIALLY PROCESS

(See attached information sheet for additional information)

YOU ARE HEREBY NOTIFIED THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- ☒ Title VII of the Civil Rights Act of 1964
☐ The Age Discrimination in Employment Act of 1967 (ADEA)
☒ The Americans with Disabilities Act

HAS BEEN RECEIVED BY

- ☐ The EEOC and sent for initial processing to _____ (FEP Agency)
☒ The Florida Commission on Human Relations and sent to the EEOC for dual filing purposes.
(FEP Agency)

While EEOC has jurisdiction (upon the expiration of any deferral requirement if this is a Title VII or ADA charge) to investigate this charge, EEOC may refrain from beginning an investigation and await the issuance of the Agency's final findings and orders. These final findings and orders will be given weight by EEOC in making its own determination as to whether or not reasonable cause exists to believe that the allegations made in the charge are true.

You are therefore encouraged to cooperate fully with the Agency. All facts and evidence provided by you to the Agency in the course of its proceedings will be considered by the Commission when it reviews the Agency's final findings and orders. In many instances the Commission will take no further action, thereby avoiding the necessity of an investigation by both the Agency and the Commission. This likelihood is increased by your active cooperation with the Agency.

- ☒ As a party to the charge, you may request that EEOC review the final decision and order of the above named Agency. For such a request to be honored, you must notify the Commission in writing within 15 days of your receipt of the Agency's final decision and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by the Commission. Regardless of whether the Agency or the Commission processes the charge, the Recordkeeping and Non-Retaliation provisions of Title VII and the ADEA as explained in the "EEOC Rules and Regulations" apply.

For further correspondence on this matter, please use the charge number(s) shown.

- ☐ An Equal Pay Act investigation (29 U.S.C. 206(d)) will be conducted by the Commission concurrently with the Agency's investigation of the charge.
☒ Enclosure: Copy of Charge

BASIS OF DISCRIMINATION

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

CIRCUMSTANCES OF ALLEGED VIOLATION

Reasonable Accommodation
Constructive Discharge

DATE

11/5/2008

TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL

Federico Costales, Director

SIGNATURE

CHARGE OF DISCRIMINATION				AGENCY		CHARGE NUMBER	
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.				<input type="checkbox"/>	FEPA		
				<input checked="" type="checkbox"/>	EEOC		
Florida Commission on Human Relations						and EEOC	
State or local Agency, if any							
NAME (Indicate Mr., Ms., Mrs.)				HOME TELEPHONE (Include Area Code)			
Mr. Willie J. Washington				(352) 485-2358			
STREET ADDRESS		CITY, STATE AND ZIP CODE			DATE OF BIRTH		
3904 NE 159 th Place, Gainesville, FL		32609			9/14/53		
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		TELEPHONE (Include Area Code)			
Gainesville Police Department		300 +		(352) 393-7500			
STREET ADDRESS		CITY, STATE AND ZIP CODE			COUNTY		
721 NW 6 th Street, Gainesville, FL		32602			Alachua		
NAME		TELEPHONE NUMBER (Include Area Code)					
STREET ADDRESS		CITY, STATE AND ZIP CODE			COUNTY		
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))				DATE DISCRIMINATION TOOK PLACE			
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)				EARLIEST (ADEA/EPA) LATEST (ALL) April 18, 2008 May 1, 2008			
				CONTINUING ACTION			
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):							
1. I was forced to resign from my position of Captain with the Gainesville Police Dept (GPD). I began my employment with the GPD in March 12, 1979. 2. I was told the reason I had to resign was because of physical limitations set forth by my doctor. I was not provided the opportunity to engage in any interactive process to see if my physical limitations could be accommodated. 3. I believe the GPD failed to provide to me reasonable accommodation to any physical limitations I had, and that I was forced to resign because of a disability/handicap and/or perceived disability/handicap and/or my race, all in violation of Title VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act of 1991, and the Florida Civil Rights Act. 4. I feel this way because any physical limitations placed on me by my physician would not have interfered with the performance of the essential functions of my job, with or without reasonable accommodation, and because to my best knowledge and belief the only individuals with GPD who were provided with reasonable accommodations were Caucasian.							
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 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 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.			
<div style="font-family: cursive; font-size: 1.2em;">Willie J. Washington</div>				SIGNATURE OF COMPLAINANT			
				<div style="font-family: cursive; font-size: 1.2em;">Willie Washington</div>			
Date				SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE			
				(Day, month, and year) 10/17/2008			
Charging Party (Signature)							

EEOC FORM 5 (Test 10/94)



MARY WILLMAN
 Notary Public - State of Florida
 My Comm. Expires Aug 14, 2012
 Commission # DO 814854