

**CHARGE OF DISCRIMINATION**

AGENCY

CHARGE NUMBER

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

 FEPA  
 EEOC

150 AO 1181

Florida Comm. on Human Relations

and EEOC

State or local Agency, if any

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

Mr. Marcellus M. Mason

HOME TELEPHONE (Include Area Code)

(863) 314-9577

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

218 Florida Drive, Sebring, FL 33870

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)

Highlands Co Board Of Commissioners

Cat B (101-200)

(941) 386-6509

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

600 S. Commerce Avenue, Sebring, FL 33870

055

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

11/12/1999    11/29/1999

 CONTINUING ACTION

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

On or about November 12, 1999, I applied for the position of Budget Technician, which had a closing date of November 29, 1999. The Respondent refused to give my application serious consideration as evidenced by the fact that they did not grant me an interview.

I believe their actions to be racially motivated and retaliatory because of my race/African America, and because of their knowledge of my filing two previous complaints against them which are now being litigated in federal court.

I believe that I have been discriminated against in violation of Title VII of the Civil Rights Act of 1964, as amended, and section 706(b)

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.

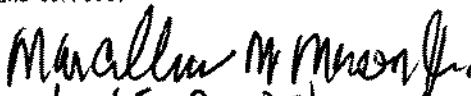
I declare under penalty of perjury that the foregoing is true and correct.

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

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



Date 1-15-2000 Charging Party (Signature)