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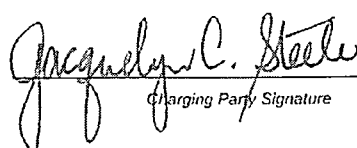
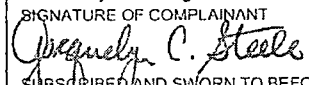
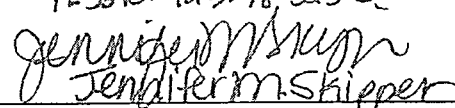
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CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form. WHISTLEBLOWER		Charge Presented To: Agency(ies) Charge No(s): ☒ FEPA ☒ EEOC	
Florida Commission on Human Relations and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
Ms. Jacquelyn Steele		850-273-4456	01/23/1978
Street Address		City, State and ZIP Code	
5024 Bradfordville Road		Tallahassee, FL 32309	
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		No. Employees, Members	Phone No. (Include Area Code)
Florida Commission on Human Relations		100+	850-488-7082
Street Address		City, State and ZIP Code	
4075 Esplanade Way		Tallahassee, FL 32399	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
☐ RACE ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION ☐ OTHER (Specify) WHISTLEBLOWER		Earliest Latest 5/2/2019 ☐ CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
See attached Sheet which contains the information already reported to the OIG and identified as FCHR Case No. 201919907.			
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.		NOTARY - When necessary for State or Local Agency Registration  JENNIFER M. SKIPPER Commission # GG 094681 Expires May 7, 2021 Registered Notary Public - State of Florida #200335-2019	
I declare under penalty of perjury that the above is true and correct. <u>6/10/2019</u> Date  Charging Party Signature		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 (month, day, year) <u>6/10/19</u> <u>FL 550-423-78-523-0</u>  Jennifer M. Skipper	

Attorney of Record: Tiffany R. Cruz, Law Offices of Friedman, Abrahamsen, & Cruz, 403 E. Park Avenue, Tallahassee, FL 3230; (850) 691-3504; tiffany@fa-lawyers.com

RESPONDANT
PLAINTIFF'S
EXHIBIT # 13
Date 10-16-19
Case Name Steele vs. FCHR
Case No. 19CA 1473

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