

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

ORLANDO

EEOC  
 HUD

The following complaint is filed with the City of Orlando Human Relations Department and under the authority of Chapter 57 of the City Code.  
N/A

Federal Agency, (if any)

Discriminatory Practice In:	HOUSING: <input type="checkbox"/>	PUBLIC ACCOMMODATION: <input checked="" type="checkbox"/>
GENERAL: <input type="checkbox"/>	EMPLOYMENT: <input type="checkbox"/>	FINANCIAL INSTITUTIONS: <input type="checkbox"/>

Name (indicate Mr., Mrs., Ms.) Dr. Dennis Barros	Home Telephone (407) 892-3415	D.O.B. 12/12/1967
Street address 5338 Hammock Circle St. Cloud, Florida	City State Zip Code 32771	County Osceola

**NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP, COMMITTEES, STATE OR LOCAL GOVERNMENT AGENCY OR HOUSING PROVIDER WHO DISCRIMINATED AGAINST ME.** (if more than one list below)

Respondent: Frank C. Riggall, M.D., P.A.	Telephone No. (407) 898-0254	No. of Employees Unknown
Street address 2501 N. Orange Avenue, Ste. 204, Orlando, FL.	City State Zip Code 32804	County Orange

Name (for Housing cases: address where discrimination took place)  
Same as above

Street Address	City	State	Zip Code	County
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CAUSE OF DISCRIMINATION BASED ON:

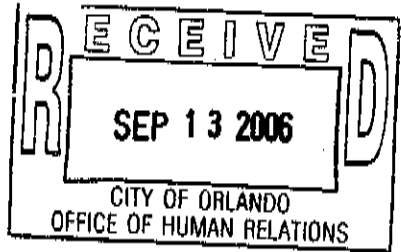
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Disability	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Other	<input checked="" type="checkbox"/>

Date Discrimination Took Place:

Earliest 3/20/06	Most Recent
Continuing Action	

THE PARTICULARS ARE: (if more space is needed, attach additional sheet)

\* SEE ATTACHED



I will also want this charge dual filed with  EEOC  HUD: if applicable, I will advise the agencies if I change my address or telephone

number and I will cooperate 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. (See Page 2 for Notary Statement & Signature)  check if can't on page 2

Date 9-13-06

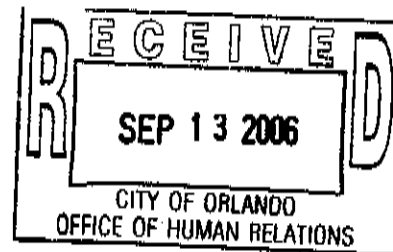
Charging Party [Signature]

Dr. Frank C. Riggall's office is refusing to provide his fertility services to Dr. Dennis Barros, because he is a gay man, in violation of Chapter 57 of the City Code, specifically Section 57.08(1), which prohibits sexual orientation discrimination in public accommodations.

Early this year, Dr. Barros conferred with the offices of Dr. Riggall to obtain fertility clinic services, specifically to have his sperm inseminate an egg from a known egg donor, with the fertilized egg to be carried by a gestational surrogate. Dr. Barros indicated to Dr. Riggall's clinic that he wanted these services so that he and his male partner could have a child.

On March 20, Susan Russell, Office Manager for Dr. Riggall, sent a letter to Dr. Barros stating that Dr. Riggall refused to provide fertility services to Dr. Barros. The letter cited "recent changes in FDA regulations and risk screening criteria." A copy of that letter is attached as Exhibit A.

On May 23, Gregory Nevins, attorney for Mr. Barros, wrote to Ms. Russell. Mr. Nevins explained that FDA regulations did not prohibit gay men from donating sperm generally, and specifically allow a "directed" donation – that is when the donor is known to the recipient, who gives her informed consent to the donation. A copy of this letter is attached as Exhibit B. Neither Ms. Russell, nor anyone else in Dr. Riggall's office, responded to this letter in any way, or otherwise communicated with Dr. Barros to rescind their wrongful denial of services. On June 8, Mr. Nevins called the clinic and left a message for Ms. Russell asking when he could expect a response to the letter. There was no response to the call.



**CHARGE OF DISCRIMINATION**

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Federal Agency (If Any)

\_\_\_\_\_  N/A

Charge #'s

**City of Orlando Office of Human Relations**

Name of Agency

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

Dr. Dennis Barros

Home Phone (Incl. Area Code)

407/892-3415

Date of Birth

12/12/1967

Street Address

5338 Hammock Circle, St. Cloud, FL 32771

City, State, Zip Code

Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, State or Local Government Agency, Housing Provider or Place of Public Accommodation That I Believe Discriminated Against Me or Others. (If more than two list under particulars below.)

Name

Frank C. Riggall, M.D., P.A.

No. Employees, Members

N/A

Phone (Incl. Area Code)

407/898-0254

Street Address

2501 N. Orange Ave., Ste. 204, Orlando, FL 32804

City, State, Zip Code

County

Orange

Name

No. Employees, Members

Phone (Incl. Area Code)

Street Address

City, State, Zip Code

County

**FOR HOUSING COMPLAINTS ONLY – Address Where Discrimination Took Place or Location of Property**

Street Address

City, State, Zip code

**DISCRIMINATORY PRACTICE IN –**

EMPLOYMENT  PUBLIC ACCOMMODATIONS  HOUSING

OR

**DISCRIMINATORY PRACTICE BY –**

FINANCIAL INSTITUTION(S)

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  RETALIATION  
 AGE  MARITAL STATUS  DISABILITY  FAMILIAL STATUS  SEXUAL ORIENTATION

DATE(S) DISCRIMINATION TOOK PLACE  
 Earliest Most Recent

3/20/06

Continuing Action

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

I. Personal Harm

On March 20, 2006, I was denied service by Dr. Frank C. Riggall.

II. Respondent's Reason for Personal Harm

Susan Russell, Office Manager, stated that my appointment for March 27, 2006, was cancelled.

III. Discrimination Statement

I believe that I have been discriminated against in violation of Chapter 57 of the Code of the City of Orlando because of my Sexual Orientation by denial of services for the following reason.

- On March 20, 2006, I received a letter from Susan Russell, Office Manager for Dr. Frank C. Riggall, stating that my appointment for March 27, 2006, was cancelled due to recent changes in FDA regulations and risk screening criteria.
- I believe that this was pretext to deny services because of my sexual orientation.



Betty J. Jones-Shand  
 Commission #DD235975  
 Expires: Sep 13, 2007  
 Bonded Thru  
 Atlantic Bonding Co., Inc

I want this charge dual filed with  EEOC  HUD,  State 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.

NOTARY

I swear or affirm that I have read the above charge/complaint and that it is true to the best of my knowledge, information and belief.  
 SIGNATURE OF CHARGING PARTY/COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (Month, Day, Year)

9-13-06  
 Date

Charging Party/Complainant Signature

9/13/06

State of Florida Case Name \_\_\_\_\_  
City/County of Orlando/Orange Case Number \_\_\_\_\_

**AFFIDAVIT**

I, DENNIS BARRIS being first duly sworn upon my oath affirm and hereby say:

I have been given assurances by an Agent of the U.S. Equal Employment Opportunity Commission that this Affidavit will be considered confidential by the United States Government and will not be disclosed as long as the case remains open unless it becomes necessary for the Government to produce the affidavit in a formal proceeding. Upon the closing of this case, the Affidavit may be subject to disclosure in accordance with Agency policy.

I am 38 years of age; my gender is M and my racial identity is CAUCASIAN  
(age) (sex) (race)

I reside at 5234 HAMMOCK CR.  
(Number/Street)

City of St Cloud, County of Osceola

State of Florida, Zip Code 34771

My telephone number is (including area code) 510-366-5153

My complaint is against Frank Riggall M.D., P.A. which is  
(Name of Union/Company/Agency)

located at 2501 N. ORANGE AVE Ste 204  
(Number/Street)

in Orlando Florida 32804  
(City) (State) (Zip)

My job classification is (if applicable) N/A  
(Job title)

My immediate supervisor is (if applicable) N/A  
(Name) (Job Title)

1. State the basis for your belief that you were discriminated against.

I WAS DENIED MEDICAL SERVICES DUE TO SEXUAL ORIENTATION

2. How many employees work for your employer or former employer? UNKNOWN  
N/A

3. What is the nature of the company's business?

MEDICAL SERVICES

4. Describe your job title, department and duties at the time of the alleged discriminatory actions.

N/A

Charging Party's Initials: \_\_\_\_\_

**AFFIDAVIT (cont.)**

5. Describe your work history, experience, and education.

N/A

6. Describe your work performance and last performance evaluation.

N/A

7. Have you received any disciplinary actions? If so, state the type of action and date.

N/A

8. What are the incidents that led to the alleged discriminatory treatment?

~~N/A~~ I was refused medical services  
due to my sexual orientation

9. Who committed violations similar to those you were accused of making and how did the company deal with them? Identify each person by name, job held, sex, race, national origin, age, etc.

N/A

10. What policy or practice do you believe was applied in a discriminatory manner?

Fertility Services

11. What reason did the company give for subjecting you to the alleged discriminatory treatment?

Alleged F.D.A. regulations

12. Identify all persons who were treated differently from the manner in which you were treated.

No others

**AFFIDAVIT (cont.)**


13. Provide the name, address, and telephone number for each witness. Explain what each witness can attest to.

- 1) DENNIS M BARROS 5238 HAMMOCK CR.  
AS LISTED PREVIOUSLY ✓
- 2) DEREK + SMITH

I can attest to ORAL COMMUNICATIONS  
AND WRITTEN CORRESPONDENCE WITH  
DR. RIGGALL'S OFFICE

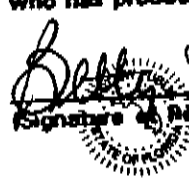
- 3) Gregory NEVIN S (LAMBDA LEGAL)  
730 Peachtree St N.E., Suite 1070  
Atlanta, GA 30308-1210 404-897-1880

I have read and had an opportunity to correct this Affidavit consisting of 4 pages and swear that these facts are true and correct to the best of my knowledge and belief.

  
Charging Party's Signature

State of Florida  
County of Orange

The foregoing instrument was acknowledged before me this 9/13/06 by Dennis M. Barros  
FIDELITY # B620-173-67482-0 as identification.  
who has produced \_\_\_\_\_

  
Betty J. Jones-Shand  
Commission # 225975  
Expires 09/15, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.

(Name of Acknowledger typed, printed or stamped)

Charging Party's Initials: \_\_\_\_\_