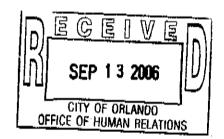
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The following complaint is filed with the City of Orlando Human Relations Department and M/A ander the authority of Chapter 57 of the City Code.    Focal Agency, (if any)   Discriminatory Practice In:   FOUSING:   FUBLIC ACCOMMODATION:   X	This form is affected by the Privacy Act of 1974; see Privace before completing this form.	acy Act Statement	X OF	LANDO .
Discriminatory Practice In: HOUSING: FUBLIC ACCOMMODATION: X  GENERAL: EMPLOYMENT: FINANCIAL INSTITUTIONS:  Darn Denn's Barros (407) 892-3415  Street address  Street address  City State Zip Code County  AMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT ABENCY, APPENTICISHIP, COMMITTEES, STATE OH LOCAL GOVERNMENT ABENCY ABENCY APPENTICISHIP, COMMITTEES, STATE OH LOCAL GOVERNMENT ABENCY AB	Federal Agency, (if any) under the aut	Human Relations De thority of Chapter 5	HU epartment and	JD
GENERAL: EMPLOYMENT: FINANCIAL INSTITUTIONS:    Name	Discriminatory Practice In: HOUSING:	PUBLIC AC	CCOMMODATI	ŌN: X
Home Telephone   Street address   Stre	DANIE EO TALENT.	FINANCIA	L INSTITUTION	4
Street Address  City State Zip Code County  NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP, COMMITTEES, STATE OR LOCAL GOVERNMENT AGENCY OR HOLISING PROVIDER WHO DISCRIMINATED AGAINST ME. (if more data one ligi below)  Respondent: Fraink C. R199all, M.D., P.A. Telephone No. (407) 2501 Ni; Orange Avenue, Ste. 204, Orlando, FL. 32804 Orlando, Same as above  Same as above  Street Address  City State Zip Code County  Street Address  City State Zip Code County  CAUSE OF DISCRIMINATION BASED ON:  Rase Color Sex Religion National Origin Age Barriest Most Recent  Retaliation Marital Status Disability Familial Status Other X Most Recent  ** SEE ATTACHED  ** SEE ATTACHED  I will also want this charge dual filed with EEOC HUD: If applicable, I will advise the agencies ICI change my address or indeplaced in under penalty of popular with them in the processing of my charge in accordance with their procedures.  I will also want this charge dual filed with them in the processing of my charge in accordance with their procedures.  I will also want their property with them in the processing of my charge in accordance with their procedures.  I declare under penalty of popury that the foregoing is true and correct. (See Page 2 for Notary Statement & Signature) Check if con't on page 2	Dr. Dennis Barros			D.O.B.
AMMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHP, COMMITTEES, STATE OF LOCAL GOVERNMENT AGENCY OR HOUSING PROVIDER WIND DISCRIBINATED AGAINST ME. (If more than one ligt below)  Respondent: Frank C. R199a11, M.D., P.A. Telephone No. (407) 254 No., of Employees (88.8) 254 No., of	City State	ZiD		
Respondent: Frank C. Riggall, M.D., F.A. Telephone No. (407)  Street address  Zip Code  Zip Code  County  Same as above  Street Address  City State Zip Code  Same as above  Street Address  City State Zip Code  County  CAUSE OF DISCRIMINATION BASED ON:  Race Color Sex Religion National Origin Age Barriest Most Recent 3/20/6 Continuing Action  THE PARTICULARS ARE: (If more space is needed, attach additional sheet)  * SEE ATTACHED  * SEE ATTACHED  I will also want this charge dual filed with BEOC HUD: if applicable, I will advise the agencies if I change my address or interphone number and I will cooperate with them in the processing of my charge in accordance with their procedures.  I declar under penalty of projury that the foregoing is true and corroct. (See Page 2 for Notary Statement & Signature)  City Of Onlandro Office of Hudan Signature) check if con't on page 2 of the control of projury that the foregoing is true and corroct. (See Page 2 for Notary Statement & Signature) check if con't on page 2	CITCLE 30. Cloud, El			Osceola
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Street Address  City State  Zip Code  County  CAUSE OF DISCRIMINATION BASED ON:  Race  Color  Reace  Color  Reace  Color  Reacine as Religion  National Origin  Age  Earliest  Most Recent  3#20/06  Continuing Action  THE PARTICULARS ARE: (if more space is needed, attach additional sheet)  * SEE ATTACHED  * SEE ATTACHED    Will also want this charge dual filed with  EBOC  HUD: if applicable, I will advise the agencies (it charge 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 con't on page 2	Street address City State	Zip	Code	County
Same as \$3000    Street Address   City   State   Zip Code   County    CAUSE OF DISCRIMINATION BASED ON:    Ruce	attention where discrimination took place	indo, FL. 328	304	
CAUSE OF DISCRIMINATION BASED ON:    Race	Same as above	·		, violitorio 140
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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.



OHR FORM A-6U (OCT. 06)						
CHARGE OF DISCRIMINATION			Fed	eral Agency	, C	harge #'s
This form is affected by the Privacy Act of 1974. See Privacy	Act		_	(If Any)		
Statement before completing this form.			<u> </u>	DS N/A		
City of Orlando Offic		ation	<u>s</u> .	<del></del>		
Name (Indicate Mr., Ms., Mrs.)	Agency		Home	Phone (Incl. Area Ço	de)	Date of Birth
Dr. Dennis Barros				392-3415		2/12/1967
Street Address	City, State					
5338 Hammock Circle, St. Cloud, FL 32771						
Named is the Employer, Labor Organization, Employment Agency, Apprent or Place of Public Accommodation That I Believe Discriminated Against Me	ticeship Committee, \$ or Others. <i>(If more ti</i>	tate or ban bw	Local o <i>list</i>	Government Age	ncy, Hou below i	ising Provider
Name				ployees, Members		Incl. Area Code)
Frank C. Riggall, M.D., P.A.			I/A		407/8	398-0254
Street Address	City, State,	Zip Co	de		County	
2501 N. Orange Ave., Ste. 204, Orlando, FL 32804		1.4	la Fan	nlavana Mambana	Orang	
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Street Address	City, State,	Zip Co	de		County	
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FOR HOUSING COMPLAINTS ONLY - Address Where Discrimination Took						
Street Address	City, State	, Zip co	đe			
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	HOUSING	OR		FINANCIAL INS		
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☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN	□ RETALIATION			3/20/06		
☐ AGE ☐ MARITAL STATUS ☐ DISABILITY ☐ FAMILIAL STATUS	SEXUAL ORIENT	TATION	ı		ntinuing A	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 cancel	led.				
III. Discrimination Statement						
I believe that I have been discriminated against in violation of Chapter	57 of the Code of the	City	of Or	lando because of	my Scx	ual:
Orientation by denial of services for the following reason.						
1. On March 20, 2006, I received a letter from Susan Russell, Office	Manager for Dr. Fran	ık C. F	Zigga	II. stating that my	v арроіп	itment for
March 27, 2006, was cancelled due to recent changes in FDA regulation				,	, -FF	
A TIN A SHIP A SHIP AS A SHIP AS				y y and Sha	nd	
2. I believe that this was pretext to deny services because of my sexu	al orientation.	NAME OF THE		etty J. Jones-Sha ommission #DD2359		
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will cooperate fully with them in the processing of my charge in accordance	I swear or affirm that I to the best of my know	viedae.	thiom	nation and belief.	mpiaint a	ind that it is true
with their procedures.	SIGNATURE OF CHARGE	NG PAR	fy/co	MFLANIANT		
I declare under penalty of perjury that the above is true and correct.	( 1884		<i>-</i>		_	
	SUBSCRIBED AND SWOT	N TO B	EFORE	ME THIS DATE		
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Date Cherging Party/Gomplainant Signature	7113/1/2					
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AFFIDAVIT
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My immediate supervisor is (if applicable)
(Name) (Job Title)
<ol> <li>State the basis for your belief that you were discriminated against.</li> </ol>
I WAS DENIED MEDICAL SURVICES DUR
TO SEXUAL ORIENTAKON
2. How many employees work for your employer or former employer? ————————————————————————————————————
3. What is the nature of the company's business?
Mexical Services
4. Describe your job title, department and duties at the time of the alleged discriminatory actions
NA
1.4(1)
Charging Party's Initials: Of

State ofFlorida City/County ofOrlando/Orange	Case NameCase Number
	AFFIDAVIT (cont.)
5. Describe your work history, experien	nce, and education.
Aln	
6. Describe your work performance and	d last performance evaluation.
N/A	·
7. Have you received any disciplinary a	actions? If so, state the type of action and date.
NA	
8. What are the incidents that led to th	
9. Who committed violations similar to deal with them? Identify each perso	WAS REFUSED MEDICAL SERVICE S  Due to my sexual orientation  those you were accused of making and how did the company in by name, job held, sex, race, national origin, age, etc.
NA	
10. What policy or practice do you beli	ieve was applied in a discriminatory manner?
Feetility:	Services
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Alleged F	D. A. regulations
· ·	ted differently from the manner in which you were treated.
No others	
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Charging Party's Initials:	PageOf

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