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[FILE A COMPLAINT](#)

Employment Complaint

Please use this form to report concerns about unfair treatment or discrimination in the workplace. The Florida Commission on Human Relations (FCHR) will use this information to determine if your complaint can be investigated under state and federal employment laws.

Completing and submitting the form online is voluntary. You may also choose to send your complaint by mail, email, or fax—if it includes all required information.

Please Note: If you have already filed the same complaint with the federal Equal Employment Opportunity Commission (EEOC), do not complete this form.

FCHR may share the information provided on this form with other government agencies if it is necessary to support the investigation or if there is reason to believe a law has been violated. Your answers are private under Florida law, unless they become part of a court case or hearing.

*Please provide complete and thorough responses to all questions. If you do not know an answer, write **"not known"**. If a question does not apply to you, write **"N/A."** - Incomplete forms may delay the review and processing of your complaint.*

Important Deadline: *You must file your complaint within 365 days (one year) from the date the unfair treatment happened.*

COMPLAINT FORM



 English (United States) ▾

Employment Complaint

Florida Commission on Human Relations

All fields marked with * are required and must be filled.

Personal Information

Full Name *

DAVID

First

M

Middle

ADAMS

Last

Address *

6180 Crested Moss Dr

Street Address

Street Address Line 2

Alpharetta

City

GA

State

30004-5748

Zip Code

United States ▾

Country

County *

Forsyth

(or Country name if out of the states)

Primary Phone Number *

(858) 776-1198

10 digit only numbers

Alternate Phone Number

(424) 333-0799

10 digit only numbers

E-mail *

complexsimplicitymedia@gmail.com

Date of Birth *

10

MM

- 10

DD

- 1982

YYYY

**Gender Identity (use up or down arrows to select)**

- ☐ Female
- ☒ Male
- ☐ Non-Binary

Please provide the name of a person we can contact if we are unable to reach you

(This information is not mandatory)

Contact Name

Brice

First Name

L

Middle Name

Wilson

Last Name

Relationship with contact

Girlfriend

Contact Phone Number

(404) 268-2405

10 digit only numbers

Contact Address

6180 Crested Moss Dr

Street Address

Street Address Line 2

Alpharetta

City

GA

State

30004-5748

Zip Code

United States

Country

Contact Email

bricewilson1@gmail.com

example@example.com

Discrimination Information

I believe that I was discriminated against by the following organization(s): (check last option box to type your own) *

- ☒ Employer
- ☐ Union
- ☐ Employment Agency
- ☐ Other

Organization/Corporation Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check the box ☐ and provide the address of the office to which you reported.) If more than one employer is involved, you must fill out a separate complaint form for each employer.

☐ I work from Home

Organization / Employer Name *

Norwegian Breakaway

Organization Address *

7665 Corporate Center Drive

Street Address

Street Address Line 2

Miami

City

Florida

State

33126

Zip Code

Organization Phone Number

10 digit only numbers

County

(or Country name if out of the states)

Corporation Name**Address of the Corporation**

Street Address

Street Address Line 2

City

State



Zip Code

Corporation's Phone Number

10 digit only numbers

Type of Business**Job location if different from Corporation's Address****Human Resources Director/Owner Name *****Human Resources/Owner Email ***

example@example.com

HR/Owner phone number *

10 digit only numbers

Does the company employ 15 or more employees? (include all locations/branches/offices. use up or down arrows to select) *

- ☒ Yes
☐ No
☐ Not Sure

Your Employment Data (complete as many items as you are able)

Date hired *

- - 
MM DD YYYY

Job Title at hire

Lighting Technician

Job Title at time of alleged discrimination

Lighting Technician

Date of Harm / Quit / Discharged *

- - 
MM DD YYYY

Select the type of Date entered *

- ☐ Date of Harm
☐ Date Quit
☒ Date Discharged

Name and Title of immediate supervisor

Kody Lupori

Are you a Federal employee? (use up or down arrows to select) *

- ☐ Yes
☐ No

Failure to Hire

If Job applicant, Date applied for job

	-		-		
MM		DD		YYYY	

Job Title applied for

Have you been discriminated against due to one or more of the following? FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, check all that apply. If you complained about discrimination, participated in someone else's complaint or filed a charge of discrimination and a negative action was threatened or taken, you should check the box next to Retaliation.

More options and a description box will appear after you select each discrimination type. Use up or down arrows to select options. In the description box, please describe what happened to you that you believe was discriminatory. Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. (Example: 08/08/2011 – Discharged by Mr. John Smith, Supervisor)

Race

☐ Yes

Color

☐ Yes

National Origin

☐ Yes

Marital Status

☐ Yes

Sex☐ Yes**Pregnant or condition related to pregnancy or childbirth**☐ Yes**Age**☐ Yes**Retaliation**☒ Yes**Retaliation Discrimination description - Explain here ***

disclosure of a temporary medication and subsequent submission of full Kaiser medical releases, management retaliated by manufacturing a bad-faith claim of "deceit" when their vendor's email inbox bounced the transmission. When I challenged the lack of clinical record review and demanded a proper medical evaluation, NCL immediately escalated to termination without onboard HR representation or due process. Furthermore, upon offboarding, NCL attempted to penalize my non-compliance by forcibly withholding earned salary and attempting an unauthorized flight deduction.

106/900

Religion☐ Yes**Disability/Handicap**☒ Yes**Disability Discrimination description - Explain here ***

improper employment decision, potentially influenced by a third-party vendor Anderson Kelly admitted on a recorded call that they failed to pull, request, or review my submitted 39-year Kaiser clinical records, relying solely on an automated email file-size transmission bounce. NCL denied me an individualized medical assessment based on objective medical evidence as mandated by ADA Title I standards. This decision overrode the vessel Captain's explicit opposition on board. NCL failed to provide vessel-level HR representation or due process, summarily terminating my employment under an improper medical pretext.

116/900

Have you filed a charge previously

Have you filed a charge previously on this matter with the EEOC or another agency?
(use up or down arrows to select) *

☐ Yes

☒ No