



## Georgia Department of Community Health

<b>Unlawful Discrimination Complaint Procedure</b>	<b>Policy No. 432</b>
<b>Effective Date:</b> April 1, 2000	<b>Page</b> <u>1</u> <b>of</b> <u>3</u>

- References:**
1. Title VII of the Civil Rights Act of 1964, 42 USC 2000e, et seq., as amended by the Civil Rights Act of 1991
  3. Rules of the State Personnel Board, Rule 21

### **I. Purpose**

The purpose of this policy is to provide a process for employees to raise allegations of unlawful discrimination and to set forth guidelines for handling such complaints.

### **II. Scope**

This policy applies to all employees of the Department of Community Health (DCH).

### **III. Policy**

- A. The Department of Community Health is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, disability, age or religious or political opinions or affiliations. The Department will not tolerate any forms of harassment prohibited by law, including sexual harassment.
- B. It is the policy of the Department to resolve complaints of unlawful discrimination and sexual harassment internally whenever possible. Such complaints will be addressed in a prompt and thorough manner as set out in this procedure.
- C. Complaints of unlawful discrimination or sexual harassment that are filed through one of the Employee Grievance Procedures or through the Process For Review of Written Reprimands will be processed through the Unlawful Discrimination Complaint Procedure.
- D. Employees shall not be subjected to reprisal based on the filing of such a complaint or cooperation in the investigation of a complaint.
- E. Employees cannot file and concurrently process a complaint under this procedure and pursue the same complaint with any external enforcement agency such as the Georgia Commission on Equal Opportunity.



#### IV. Procedure

##### A. Filing a Complaint

1. Employees are encouraged to discuss and seek resolution to complaint issues with the supervisor or other levels of management prior to formally filing a complaint.
2. If resolution is not reached and a formal complaint will be filed, the complaint must be filed in writing directly with the Director, Office of Human Resources using the *UNLAWFUL DISCRIMINATION COMPLAINT FORM* (Attachment #1).
3. Complaints must be **received** in the Office of Human Resources within **10 work days** of the alleged discriminatory or harassing act or within **10 work days** of the date the employee learns of or had reason to be aware of the alleged discriminatory or harassing nature of the act, whichever is later. Any evidence available to the employee, which supports the allegation, is to be submitted with the *UNLAWFUL DISCRIMINATION COMPLAINT FORM*.
4. Complaints must be delivered, mailed or faxed to the Office of Human Resources at:

Office of Human Resources  
2 Peachtree Street  
39<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159  
Fax: (404) 657-2668

5. Copies of the complaint form and any attached documents sent to the Office of Human Resources must be provided to the management official(s) involved with the complaint.

##### B. Initial Complaint Review

Within **10 workdays** of receiving a complaint alleging unlawful discrimination or sexual harassment, the Office of Human Resources will:

1. Acknowledge receipt of the complaint to the complainant;
2. Notify the appropriate management official(s) of the status of the complaint



**C. Investigation**

Within **30 workdays** of receiving the complaint, the Office of Human Resources will:

1. Contact the complainant and appropriate management official(s) to arrange for interviews;
2. Interview witnesses;
3. Review documentation; and
4. Prepare and submit a report of findings and recommendations to the Office of General Counsel.

**D. Complaint Determination**

1. Within **10 workdays** of receiving the Office of Human Resources' report, the Office of General Counsel will issue a letter of final determination to the complainant and appropriate management official(s).
2. If it is determined that unlawful discrimination or sexual harassment occurred, the final determination will include directives for appropriate corrective action or disciplinary action, up to and including termination from employment, of those determined to be involved.
3. The Office of Human Resources and/or the Office of General Counsel may propose and discuss with relevant individuals possible resolutions to the complaint prior to the issuance of the letter of final determination or after such letter has been issued in accordance with subsection 2 above.

**ATTACHMENT:**

1. Unlawful Discrimination Complaint Form

Approved by:

Date:

4-3-00

Department of Community Health  
UNLAWFUL DISCRIMINATION COMPLAINT FORM

Classified and unclassified employees are to refer to DCH Policy No. 432,  
Unlawful Discrimination Complaint Procedure, prior to completing this form.

EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Division: \_\_\_\_\_ Section/Unit: \_\_\_\_\_

Job Title: \_\_\_\_\_ Preferred Mailing Address:  Home  Work

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_\_\_ - \_\_\_\_\_

COMPLAINT INFORMATION

I believe I have been discriminated against because of my (check as many as apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Disability                     |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Age                            |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Religion                       |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Political Opinions/Affiliation |

And/or because of:

- Retaliation for having filed or participated in a previous complaint of unlawful discrimination
- Sexual Harassment in the workplace

Please provide the name(s) and job title(s) of the person(s) that you are alleging are responsible for the alleged unlawful discrimination or sexual harassment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relief Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department of Community Health  
UNLAWFUL DISCRIMINATION COMPLAINT FORM

Describe what happened, when and where. Please provide as much detail as possible about the employment related problems that you are experiencing as a result of the alleged unlawful discrimination or sexual harassment. Continue on a separate sheet if necessary and attach any documents that you feel support your allegations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you submitting additional documents?  yes  no If so, how many pages are attached? \_\_\_\_\_

My signature below indicates that all of the information contained on the *UNLAWFUL DISCRIMINATION COMPLAINT FORM* and supporting documentation is true and factual to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Employee's Signature

Employee must send copies of this complaint and supporting documents to the following persons:

\_\_\_\_\_  
Supervisor Involved (print name)  
\_\_\_\_\_  
Section Director (print name)  
\_\_\_\_\_  
Division/Office Director (print name)

Deliver, mail or fax *UNLAWFUL DISCRIMINATION FORM* and supporting documents to:

DCH Office of Human Resources  
2 Peachtree Street, Suite 3942  
Atlanta, Georgia 30303-3159  
Phone: 404-656-4374 / Fax: 404-657-2668

FOR ASSISTANCE/INFORMATION, PLEASE CONTACT THE ABOVE OFFICE.

FOR OFFICE OF HUMAN RESOURCES USE

Date Received: \_\_\_\_\_ Complaint #: \_\_\_\_\_  
Received By: \_\_\_\_\_