

District 2 Public Health

Unlawful Discrimination Complaint Procedures	Policy No. 226
Effective Date: August 1, 2015 Revised Date:	District 2 Public Health County Boards of Health (CBH)

References:

1. Federal Law (42 USC 2000e – Title VII of the Civil Rights Act)

1.0 Purpose

The purpose of this policy is to establish procedures for District 2 Public Health employees to file an official unlawful discrimination complaint.

2.0 Scope

This policy applies to all employees within District 2 Public Health.

3.0 Policy

- 3.1 District 2 Public Health is an equal opportunity employer, and does not discriminate on the basis of race, color, sex, national origin, disability, sexual orientation, age, or religious or political opinions or affiliations. All forms of harassment prohibited by law, including sexual harassment will not be tolerated.
- 3.2 It is the policy of District 2 Public Health 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 the following procedures.

4.0 Procedures

4.1 Employee Right to File a Complaint

- 4.1.1 Employees alleging unlawful discrimination on the basis of race, color, sex, national origin, disability, age, or religious or political opinions or affiliations, or sexual harassment may file a formal complaint in accordance with this procedure.
- 4.1.2 It is a violation of District 2 Public Health policy to subject employees to reprisal due to filing complaints of unlawful discrimination or sexual harassment or for cooperating in the investigation of a complaint.

- 4.1.3 Complaints of unlawful discrimination or sexual harassment that are filed through one of the District 2 Grievance Procedures or through the Process of Review of Written Reprimand will be processed through the Unlawful Discrimination Complaint procedures.
- 4.1.4 Employees cannot file and concurrently process a complaint under this procedure while pursuing the same complaint with any external enforcement agency, such as the Georgia Commission on Equal Opportunity.

4.2 Filing of Complaint

- 4.2.1 Employees are encouraged to discuss and seek resolution to complaint issues with their supervisor prior to filing a formal complaint.
- 4.2.2 If resolution is not reached and a formal complaint will be filled, the complaint is to be filed with the District Human Resources Department using the Unlawful Discrimination Complaint Form (see Appendix A).
- 4.2.3 Complaints must be received by the District Human Resources Department within **ten (10) work days** of the alleged discriminatory or harassing act or within **ten (10) work days** of the date the employee learns of the alleged discriminatory or harassing act, whichever is later. Any evidence available to the employee, which supports the allegations is to be submitted with the Unlawful Discrimination Complaint Form.
- 4.2.4 Complaints must be delivered, mailed or faxed to the District Human Resources Department address below:

**1280 Athens Street
Gainesville, GA 30507
Fax # 770-535-5748**

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

4.3 Initial Complaint Review

- 4.3.1 Within **ten (10) work days** of receiving a complaint alleging unlawful discrimination or sexual harassment, the Human Resources Department will:

- 4.3.1.1 Acknowledge, to the complainant, receipt of the complaint.
- 4.3.1.2 Notify the appropriate management official(s) of the status of the complaint.

4.4 Investigation

4.4.1 Within **forty-five (45) work days** of receiving the complaint, the assigned HR investigator will do the following:

- 4.4.1.1 Contact the complainant and appropriate management official(s) to arrange for the investigations;
- 4.4.1.2 Conduct the investigation; and
- 4.4.1.3 Submit report of findings and recommendations to the District Health Director.

4.4.2 Investigation will include, but not be limited to, the following:

- 4.4.2.1 Interviews with the complainant and the person(s) alleged to be involved with the unlawful discrimination or sexual harassment complaint;
- 4.4.2.2 Interviews with witnesses; and
- 4.4.2.3 Review of documentary information.

4.4.3 The District Health Director may authorize an extension of up to **thirty (30) calendar days** to complete the investigation, if deemed necessary.

4.5 Complaint Determination

4.5.1 Within **ten (10) work days** of receiving the investigator's report, the District Health Director will issue a letter of final determination to the complainant and appropriate management official(s).

4.5.2 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 separation, for those determined to be involved.

4.5.3 The Human Resources Department may propose and discuss with the District Health Director possible resolutions to the complaint, prior to or after the issuance of the letter of final determination.

For additional information or assistance, contact the District Human Resources Department at (770) 535-5877.

Approval:		
	District Health Director/Appointing Authority	Date



District 2 Public Health

David N. Westfall, M.D., MPH, CPE, Health Director

1280 Athens Street • Gainesville, Georgia 30507

PH: 770-535-5743 • FAX: 770-535-5958 • www.phdistrict2.org

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

APPENDIX A

District 2 Public Health

Unlawful Discrimination Complaint Form

Employee Name: _____ Emp. ID#: _____

Job Title: _____ Worksite: _____

Scheduled Work Hours: _____ Best time to reach you by phone: _____

Work Telephone #: _____ Home Telephone #: _____

Can you receive material by fax: _____ Fax#: _____

Employee's Preferred Mailing Address: _____
Street Name or P.O. Box

City State Zip Code

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

___ Race

___ Disability

___ Color

___ Age

___ Sex

___ Religion

___ National Origin

___ Political Opinions/Affiliations

and/or I have experienced:

___ 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 allege are responsible for the alleged unlawful discrimination or harassment:

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: _____

Requested action: _____

My signature indicates that all of the information contained on the Unlawful Discrimination/Harassment Complaint Form and supporting documentation is true and factual to the best of my knowledge.

Employee's Signature

Date

Deliver, mail or fax the Unlawful Discrimination/Harassment Complaint Form and supporting documents to:

**District 2 Public Health
Human Resources Department
1280 Athens Street
Gainesville, GA 30507
770-535-5877 - Phone
770-535-5748 – Fax**

For information or assistance, please contact the District Human Resources Monday - Friday 8:00 a.m. – 5:00 p.m.