1.0 PURPOSE
The purpose of this policy is to provide the guidelines of the Employee Complaint Resolution Procedure for County Board of Health (CBOH) employees to express concerns related to their employment. The policy does not compromise the rights of management to direct the workforce in accomplishing the agency mission, but is available to ensure that CBOH employees have access to fair and timely consideration of their concerns.

2.0 AUTHORITY – This policy is published under the authority of the County Board of Health and in the compliance with the following:

2.1.1 Rules of the State Personnel Board, Rule 478-1.20

2.1.2 O.C.G.A. Sections. 45-20-3, 45-20-3.1, 45-20-4

2.1.3 O.C.G.A. Sections. 45-20-8, 45-20-9 (Classified Service Appeals)

2.1.4 HR-03623 Unlawful Discrimination/ Harassment Complaint Policy

3.0 SCOPE
This policy applies to all CBOH classified and unclassified employees, and must be adhered to by all employees serving in a supervisory capacity.

4.0 POLICY

While many situations pose potential workplace issue, incidents of sexual harassment present unique challenges which warrant special emphasis and implementation of a particularized approach to the prevention, detection, and elimination of sexual harassment from the state workplace. Therefore, in accordance with Executive Order 01.14.19.02, Executive Branch agencies shall receive, process, and investigate complaints and reports of sexual harassment and connected retaliation base on the procedures provided in the Statewide Sexual Harassment Policy. Please refer to the Statewide Policy for Specific information regarding the reporting and handling of sexual harassment complaints and reports.

It is the policy of CBOH to maintain a standard of personnel administration that assures fair and equitable treatment of employees. In that regard, every employee eligible to file a complaint as defined in this policy may do so without fear of unlawful discrimination or reprisal.
5.0 ACCOUNTABILITY

5.1 Reasonable efforts should be made by both employees and supervisors to resolve issues or concerns informally before a formal written complaint is filed by the employee in accordance with this policy.

5.2 No employee will be penalized, formally or informally, for voicing a complaint in a reasonable, business-like manner, or for participating in an established complaint resolution process.

5.3 Anyone who intentionally supplies false or misleading information related to a complaint or anyone who attempts to or actually harasses, intimidates, or retaliates against an employee for using the Employee Complaint Resolution Procedure or for providing information in connection with a complaint will be subject to disciplinary action, up to and including termination of employment.

6.0 DEFINITIONS

6.1 CBOH – County Board of Health

6.2 DHD – District Health Director

6.3 DPH – Georgia Department of Public Health

6.4 HR – Human Resources

6.5 Filing - the act of an employee submitting a complaint to Human Resources.

6.6 Complaint - a claim filed by an eligible employee that the employee's personal employment has been affected by unfavorable employment decisions or conditions due to unfair treatment.

6.7 Complaint Form - the form provided by CBOH for the filing of employee complaints.

6.8 Harassment – means physical, verbal, or non-verbal/visual conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her race, color, national origin, religion, age, disability, genetic information, sex (which does not meet the definition of sexual harassment set forth in Section 3 of this Rule), political affiliation, protected uniformed service, or legally protected category other than sex.

6.9 Receipt -- the date and time at which a document is delivered to the addressee by mail, electronic transmission, or personal delivery.

6.10 Retaliation – an act or omission intended to, or having the reasonably foreseeable effect of, punishing or otherwise impacting an individual for submitting (or assisting with submitting) a complaint or reporting discrimination or harassment, for participating in a discrimination or harassment investigation or proceeding, or for otherwise opposing discrimination or harassment.
6.11 Sexual Harassment – physical, verbal, or non-verbal/visual conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her sex. Therefore, for purposes of this Rule, "sexual harassment" includes physical, verbal, or non-verbal/visual conduct consisting

1. Unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, and other conduct of an expressed or obviously implied sexual nature, by an individual who knows, or reasonably should know, that such conduct is unwanted or offensive; and

2. Conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual because of his or her sex, regardless of whether the underlying reason for the conduct is apparent.

6.12 Workday - a Monday through Friday business day exclusive of state holidays.

7.0 RESPONSIBILITIES

The Human Resources (HR) is responsible for issuing and updating procedures to implement this policy.

8.0 PROCEDURES

The policy of the CBOH is to recognize the need for a uniform process for reviewing employee concerns. The Employee Complaint Resolution Procedure is established to provide employees with an orderly process for reviewing allegations of unfavorable employment conditions or decisions in a timely manner.

8.1 ELIGIBILITY

Any CBOH classified or unclassified employee may use the Complaint Resolution Procedure for timely filed, eligible issues, with the following exceptions:

8.1.1 Employees who have been notified of separation of employment

8.1.2 Employees who are seeking relief or remedy for their complaint through another administrative or judicial process.

8.2 ELIGIBLE ISSUES

Prior to any supervisor or management representative responding to a formal complaint, the complaint will be reviewed initially by HR to determine if the provisions of the complaint procedure have been met. An employee may use the Employee Complaint Resolution Procedure to address a complaint related to any:

8.2.1 Allegation of unlawful discrimination based on race, color, national origin, religion, age, pregnancy, disability, sex (which does not meet the definition of sexual harassment set forth in Section 3 of this Rule), genetic information,
political affiliation, protected uniformed service, or other legally protected category;

8.2.2 Allegation of unlawful harassment other than sexual harassment;

8.2.3 Retaliation for filing a complaint or participating in the Employee Complaint Resolution Procedure;

8.2.4 Retaliation or intimidation for exercising any right under the Rules of the State Personnel Board or policies of the CBOH;

8.2.5 Allegation of erroneous, arbitrary, or capricious interpretation or application of policies, procedures, rules, regulations, ordinances, or statutes;

8.2.6 Unsafe or unhealthy working condition(s); or exposure to hazardous materials.

8.2.7 For classified employees only: written reprimand or written confirmation of an oral reprimand.

8.3 NON-ELIGIBLE ISSUES

An employee cannot use the Employee Complaint Resolution Procedure to address a complaint related to:

8.3.1 Sexual harassment or related retaliation (which shall be handled under the procedures provided in the Statewide Sexual Harassment Prevention Policy);

8.3.2 Unlawful discrimination containing allegations of sexual harassment (such complaints will be handled under the procedures provided in the Statewide Sexual Harassment Prevention Policy);

8.3.3 Suspension, demotion, salary reduction, or separation from employment;

8.3.4 Issues that are pending or have been adjudicated by the State Personnel Board, the Georgia Commission on Equal Opportunity, or through other state or federal administrative or judicial procedures;

8.3.5 Issues that are subject to appeal, review, or relief as provided for in other agency policies and procedures;

8.3.6 Performance expectations and evaluations;

8.3.7 Actions implementing a Reduction in Force or furlough plan;

8.3.8 Selection of an individual to fill a position, unless an allegation is made that the selection violates an applicable State Personnel Board Rule, CBOH policy, law, or regulation.

8.3.9 Permanent changes in work hours or duties and responsibilities, unless a change is unsafe or unlawful;

8.3.10 Temporary work assignments that do not exceed 90 days;
8.3.11 Budget and organizational structure, including the number or assignment of positions in any organizational unit;

8.3.12 Relocation of employees unless the relocation qualifies for reimbursement under Office of Planning and Budget regulations;

8.3.13 Internal security practices established by the CBOH;

8.3.14 For unclassified employees only: written reprimand or written confirmation of an oral reprimand; or,

8.3.15 Any matter that is not within the jurisdiction or control of the CBOH.

8.4 FILING A COMPLAINT

8.4.1 An employee initiates the Employee Complaint Resolution Procedure by timely filing a complaint to the HR.

8.4.2 A complaint is considered received on the day it is delivered to the HR by mail, electronic transmission, or personal delivery.

8.4.3 The complaint must be filed in writing using the Employee Complaint Resolution Form. The form must be submitted for initial review to HR. The form must be completed in its entirety and include:

8.4.3.1 The eligible issue(s) involved;

8.4.3.2 The parties involved;

8.4.3.3 The date(s) the incident(s) or violation(s) occurred (if known);

8.4.3.4 How the employee was unfavorably affected or treated;

8.4.3.5 The relief sought; and

8.4.3.6 Any policy, procedure, rule, regulation, ordinance, or statute at issue and how it was erroneously interpreted or applied.

8.4.4 Supporting documentation must be submitted with the Employee Complaint Resolution Form. If the complaint involves interpretation or application of a Rule or Policy, the complaint must identify the Rule or Policy and how it was allegedly violated. Additional issues and requested relief may not be added to the complaint after it has been filed.

8.4.5 A complaint must be filed within 10 workdays of the occurrence of the subject of the complaint or within 10 workdays of the date the employee becomes aware, or should have reasonably been aware of the problem. The HR Representative has the discretion to grant a waiver or extend the filing deadline.

Note: A workday refers to Monday through Friday, excluding holidays. The complaint must be received by HR no later than 5:00 p.m. on the 10th workday.
8.4.6 The Employee Complaint Forms and supporting documents may be delivered, mailed, sent electronically or faxed to:

District 2 Public Health
Office of Human Resources
1280 Athens Street
Gainesville, GA 30507
D2HR@dph.ga.gov
Fax: 770-535-5899

8.4.7 Employees seeking assistance in filing or processing a complaint should contact HR.

8.4.8 In no case, shall the staff assigned to assist an employee be a party or respondent to the employee’s complaint. Any complain that the agency determines to fall within the definition of “sexual harassment” outlined in Section 3 of this Rule must be processed in accordance with the Statewide Sexual Harassment Prevention Policy.

8.5 GROUP COMPLAINT

8.5.1 Employees having a common complaint may sign and submit one group complaint, identifying up to two of the employees as selected spokespersons for the group.

8.5.2 Employees who choose to file a group complaint waive their individual rights to file separate complaints on the same subject.

8.5.3 Each member of a group complaint must sign the Employee Complaint Group Roster Form certifying that each person’s personal employment has been unfavorably affected and that they agree with the contents of the complaint. This roster must be submitted with the complaint.

8.6 CONSOLIDATION

8.6.1 HR may consolidate multiple complaints filed by an employee into a single complaint.

8.6.2 HR may consolidate separate complaints filed by two or more employees regarding the same issue(s) into a group complaint.

9.0 PROCESSING A COMPLAINT

9.1 Initial Eligibility Determination

9.1.1 Within 10 workdays of receiving a complaint, HR will review the Employee Complaint Resolution Form and supporting documents to determine the timeliness and eligibility of the issue(s) and provide a written determination to the complaining employee.
9.1.2 If the issue is not eligible to proceed through the Employee Complaint Resolution Procedure, the written determination will include the specific reasons for the determination and notice that the formal complaint process is complete (or if the complaint is related to sexual harassment, notice will be given to explain that the complaint will be handled under the Statewide Sexual Harassment Prevention Policy).

9.1.3 If the issue is eligible, the written determination will specify the manner in which the complaint will be processed (i.e., through the Employee Complaint Resolution Procedure or through a separate agency procedure for addressing allegations of unlawful discrimination and/or harassment). A copy of the determination will be provided to the first level of supervision having the authority to grant the requested relief.

9.2 OPTIONS FOR PROCESSING UNLAWFUL DISCRIMINATION/HARASSMENT COMPLAINTS

9.2.1 When a complaint involves allegations of unlawful discrimination and/or harassment based on race, color, national origin, religion, age, disability, sex, pregnancy, genetic information, political affiliation, protected uniformed service, or other legally protected category, HR will process the complaint in one of three ways:

9.2.1.1 Allow the complaint to proceed as set forth in this policy.

9.2.1.2 Investigate the complaint according to the CBOH procedure specifically designed to address an unlawful discrimination and/or harassment complaint (other than a complaint of sexual harassment or related retaliation). The time limit for determining eligibility and processing a complaint through such procedure must not exceed 120 calendar days.

9.2.1.3 Advise the employee in writing that the HR has concluded processing the complaint and that the employee may present the matter to the Georgia Commission on Equal Opportunity or the Equal Employment Opportunity Commission.

9.3 COMPLAINT REVIEW PROCESS

9.3.1 Within 15 workdays HR will conduct a review of the complaint.

9.3.2 HR has discretion regarding how to conduct the review and may do any of the following:

9.3.2.1 Base the review solely on written statements and documents provided;

9.3.2.2 Interview the employee, witnesses, and others;

9.3.2.3 Meet with the parties to facilitate an agreement;

9.3.2.4 Clarify and/or interpret relevant law, rules, policy, procedures, etc.; or
9.3.2.5 Explore alternative resolutions.

9.4 If the parties resolve the issue(s) during the complaint review process, HR will provide written notice to the complaining employee and supervisor confirming resolution and the conclusion.

9.5 If the parties do not resolve the issue(s) during the complaint review process, HR will issue written findings and recommendations to the DHD. The DHD will then issue a written decision regarding the complaint and requested relief. Such decision will be final and will conclude the Employee Complaint Resolution Procedure.

9.6 The maximum time for determining eligibility and processing a complaint through the Employee Complaint Resolution Procedure is 90 calendar days. This time frame is extended by 30 calendar days when a complaint is processed through the unlawful discrimination/harassment procedure. Complaints of sexual harassment or related retaliation shall be investigated in accordance with the time frames and procedures referenced in the Statewide Policy.

9.7 EXTENSION OF TIME LIMITS

Upon the agreement of all parties to a complaint, any time limit specified in this Policy may be extended. HR may unilaterally extend any time limit specified in this Policy due to emergency, medical disability, legally mandated absence on the part of a relevant party involved with the complaint issues or review process, or due to operational necessity. The employee shall be immediately notified of the period of extension and the reasons thereof.

10.0 PREPARATION TIME

10.1 An employee utilizing the Employee Complaint Resolution Procedure will be excused from duty for up to four hours during regular work hours, as approved by the supervisor, to prepare a complaint. Such preparation time is without loss of pay or leave credits.

10.2 Preparation time includes time spent reviewing the employee’s personnel file, preparing a complaint, and meeting with witnesses. Meetings with the HR are considered work time and do not count as preparation time.

10.3 No more than 12 hours of regular work hours per employee per calendar year will be permitted for preparation time associated with complaints.

10.4 Employees using the Employee Complaint Resolution Procedure must obtain supervisory approval before using preparation time during regular work hours. A request to prepare during a particular time may be denied due to operational or other business needs.

10.5 HR has the authority to resolve any dispute regarding the determination of reasonable and necessary time for preparing a complaint and participating in the process.
11.0 WITHDRAWAL OF COMPLAINT

11.1 An employee may voluntarily withdraw his/her complaint at any point during the process by submitting a request in writing to HR.

11.2 A complaint that is withdrawn may not be re-filed.

12.0 APPEAL RIGHTS

12.1 Complaints Regarding Hazardous Chemicals:

If an employee is not satisfied with the final decision in a complaint alleging violation of the Public Employee Hazardous Chemical Protection and Right to Know Act, the employee may file a complaint with the Georgia Commissioner of Labor within 30 calendar days of the agency's disposition of the complaint.

12.2 Classified employees: If the parties do not resolve the issue(s) during the complaint review process, HR will issue written findings and recommendations to the DHD. The DHD will then issue a written decision regarding the complaint and requested relief. Upon receipt of the agency’s final decision on a complaint, a classified employee who believes that the CBOH has violated any provision(s) of the State Personnel Board Rule may file an appeal in writing with the Office of State Administrative hearings. The appeal must be filed within 10 calendar days of receipt of the DHD final decision on the complaint. The appeal must include the specific provision(s) of the Rule alleged to have been violated and any documentation that would support the allegation.

13.0 RECORDKEEPING AND REPORTING REQUIREMENTS

13.1 HR must maintain a record of each complaint filed through the Employee Complaint Resolution Procedure, including the nature and disposition of the complaint, for a minimum of four years for complaints alleging discrimination or harassment based on race and for two years for all other complaints.

Each HR shall file an annual report with the Department of Administrative Services (DOAS) reflecting the number, nature, and disposition of complaints filed through the Employee Complaint Resolution Procedure. DOAS shall establish further reporting guidance to facilitate the intent of this Section.

14.0 REVISION HISTORY

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<th>REVISION DATE</th>
<th>REVISION COMMENTS</th>
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<td>Initial Issue</td>
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RELATED FORMS

HR-03621A – Complaint Notice
HR-03621B – Employee Complaint Form
HR-03621C – Complaint Group Roster Form
The County Board of Health (CBOH) has an employee complaint procedure available to classified and unclassified employees.

Employees who have been notified of termination, or who are seeking relief for work-related concerns through other administrative or judicial processes, are not eligible to file a complaint.

CBOH employees should read CBOH Policy #03621, #03623 and #03624 prior to filing a complaint.

Complaints must be filed and received by the Human Resources Department within 10 working days of the date the issue occurred, or within 10 working days of the date the employee became aware, or should have become aware, of the issue through the exercise of reasonable diligence. [NOTE: A “workday” is defined as the business day Monday through Friday, exclusive of holidays.]

For Assistance or To Secure Information Regarding the Employee Complaint Process

Contact the Human Resources Department

The complaint forms and supporting documents should be delivered, mailed, sent electronically or faxed to:

Department of Public Health
Office of Human Resources
1280 Athens Street
Gainesville, GA 30507
D2HR@dph.ga.gov
Fax: 770-535-5899
County Board of Health
EMPLOYEE COMPLAINT FORM

EMPLOYEE INFORMATION

Employee Name: ___________________________ Emp ID: ___________________________ Date

Title: ___________________________ Check One: □ Classified □ Unclassified

Division: ___________________________ Unit: ___________________________

Supervisor Name: ___________________________ Supervisor Title: ___________________________

Preferred Mailing Address: Check One: □ Home □ Work

Address: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

COMPLAINT INFORMATION:

Date problem occurred (or date you became aware of problem): ___________________________

Name and job title of supervisor or person responsible for problem/issue addressed in your complaint:

Name: ___________________________ Job Title: ___________________________

Name: ___________________________ Job Title: ___________________________

Name: ___________________________ Job Title: ___________________________

(You are encouraged to discuss the issue with your supervisor prior to filing a complaint.)

DATE ISSUE(s) OCCURRED LIST ISSUE(s) [Example: unsafe or unhealthy working conditions]

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Additional documents may be submitted for further explanation.)

Statement of Complaint: Describe what happened, when and where and indicate names of others involved in complaint. Explain how you! employment has been unfavorably affected. (Attach a separate sheet, if necessary.)
County Board of Health
EMPLOYEE COMPLAINT FORM

Are you alleging erroneous, arbitrary or capricious interpretation or application of personnel policies, procedures, rules Regulations, ordinances, or statutes?  □ Yes □ No
If yes, specify which ones and how:

Relief(s) Requested: What action do you want taken to correct and/or resolve your issue(s)?

EMPLOYEE STATEMENT

I am filing a formal complaint and have completed the two pages of this form indicating the issue(s) of my complaint, how my employment has been unfavorably affected, and relief requested. My signature indicates that all of the information contained on the EMPLOYEE COMPLAINT FORM and supporting documentation is true and factual to the best of my knowledge.

Employee signature ___________________________ Date: _____________

Number of additional pages of supporting documents submitted with form: ________

INSTRUCTIONS:

Deliver, mail or fax EMPLOYEE COMPLAINT FORM and supporting documents to:

Human Resources/District Personnel Department
(insert address, email, phone and fax here)

FOR ASSISTANCE OR INFORMATION, PLEASE CONTACT THE ABOVE OFFICE

FOR HUMAN RESOURCES/DISTRICT personNEL DEPARTMENT SECTION USE ONLY

Date and Time Received: ___________________________ Complaint #: ___________________________

Received By (PRINT NAME): _______________________

Received by - Signature: ________________________

HR-03621-B (Revised 8/26/2014)
COMPLAINT GROUP ROSTER

By signing my name to this Complaint Group Roster Form, I understand that I will be considered a participant in a CBOH group complaint concerning the following issue(s) and relief(s) requested. Employees should refer to Employee Complaint Resolution Policy (CBOH Policy #03621) and Unlawful Discrimination/Harassment Complaint Policy (CBOH Policy # 03623). Classified Employees should also refer to Process for Review of Written Reprimands Policy for Classified Employees (CBOH Policy #03624) before completing this form.

Issue(s):
________________________________________________________________________
________________________________________________________________________

Relief(s) Requested:
________________________________________________________________________
________________________________________________________________________

This is an issue that has unfavorably affected my personal employment and has occurred within 10 workdays of filing this complaint. I have read the entire complaint on the attached CBOH Employee Complaint Form and agree with the information contained in the complaint.

Designated Spokesperson(s) [Limited to 2]

1. Print Name: ___________________________  2. Print Name: ___________________________
   Job Title: ___________________________    Job Title: ___________________________
   Employee ID: ___________________________ Employee ID: ___________________________
   Signature: ___________________________    Signature: ___________________________

Other Group Members

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NOTE: If more than one page is needed, use another GROUP ROSTER FORM.

HR-03621C  (Revised 04/30/2015)