

DISCRIMINATION COMPLAINT POLICY

PURPOSE AND GENERAL POLICY

It is the policy of the Beloit Public Library to maintain a safe workplace environment that is free from discrimination, harassment, and retaliation. Supervisory employees are responsible for fair and consistent application and enforcement.

It is the policy of the Library to ensure all personnel practices, policies, and rules are administered without discrimination against one on the basis of age, race, creed, color, handicap, disability, genetic background, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record (unless relevant) or membership in the national guard, state defense force or any reserve component of the military forces of the United States or Wisconsin.

A complaint of discrimination is an allegation by an employee that there has been a specific violation, misinterpretation, or unfair application of any of the Library's rules, policies, or procedures in which the employee's age, race, creed, color, handicap, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record (unless relevant), or military service was a factor. Vague or general charges of "unfairness" that are not substantiated by specific facts will not be processed through the formal complaint system.

Employees that believe they've been treated unfairly or in a manner inconsistent with established policies may question or challenge a decision or action through a formal discrimination complaint resolution procedure. This procedure is not intended in any way to replace or subvert other remedies available to employees, including the Library's grievance policy. It is limited to complaints of discrimination as defined above and intended to aid in the resolution of such complaints within the organization.

DISCRIMINATION COMPLAINT PROCEDURE

Step 1: An employee should discuss the discrimination-related problem of concern with their immediate supervisor. If the complaint directly concerns the supervisor, the employee may initiate the process at Step 2.

Step 2: If the conference with the immediate supervisor does not resolve the complaint, the employee may pursue the matter with the Library Director.

Step 3: If dissatisfied with the answer of the Library Director, the employee may appeal to the Library Board.

Employees will have ten working days to appeal a decision from one step to the next. Complaints involving discipline or discharge which the complainant feels has been discriminatory may be initiated at Step 2. Employees who pursue a complaint through this process will not be discriminated against or suffer any reprisals for filing a complaint.

History: Approved by the Beloit Public Library Board January 2013.

Beloit Public Library

How to file an Employment Discrimination Complaint

If you feel that you have been treated differently or have been harassed in any aspect of the employment relationship because of your age, race, religion, sex, color, disability or association with a person with a disability, national origin or ancestry, arrest or conviction record, sexual orientation, marital status, political affiliation or military participation you may file an employment discrimination complaint. Employment relationships include application, testing, interviews, hiring, termination decisions, reasonable accommodation, training, transfer, promotion, demotion, reclassification or reallocation. If you were adversely affected by any of these decisions based on your membership in any of the protected groups, or if the treatment you received was different from others, or if the employer's facilities were not accessible to you, it may be discrimination.

You may file an informal discrimination complaint with your employer, or you may file a formal discrimination complaint with a state or federal agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say what they saw, heard, or experienced.

To file an internal discrimination complaint, request a discrimination complaint form by calling the Administration Office at (608) 364-2908. Send the completed form back to the Administration Office. If you are not satisfied with the resolution to your internal complaint, you may still file a formal complaint with an appropriate state and/or federal agency. However, you must do so before the deadline specified by that agency. Do not wait until after the time limits to get an answer to the internal complaint if you plan to make a formal complaint with a state or federal agency. You may file a formal complaint any time before the deadline, even if you are awaiting a response to an internal complaint. If you wish to file a formal discrimination complaint, you may call the appropriate state or federal agency to request their complaint form or you may write a letter describing why you think you were discriminated against. A listing of state and federal agencies is included.

State and federal laws vary in the protection from discrimination they offer. Some agencies are designated to investigate specific kinds of employment discrimination and not others, and each has its own deadline for accepting complaints. Please consult the information provided below to determine what agency may help you and what time limits they have for accepting complaints. Complaints should be filed as soon as possible after the alleged discriminatory action took place.

The Equal Rights Division, Department of Workforce Development, 201 East Washington Avenue, P.O. Box 8928, Madison, WI 53708, (608) 266-6860 or TDD (608) 254-8752 will accept formal complaints based on race, color, age (over 40 with no upper age limit), gender, disability, national origin or ancestry, and religious beliefs or convictions. This agency is the only one to accept complaints regarding different treatment based on sexual orientation, arrest or conviction record, marital status, political affiliation or military service. File within 300 days of the last violation.

The U.S. Equal Employment Opportunity Commission, 310 West Wisconsin Avenue, Suite 800, Milwaukee, WI 53203, (414) 297-1111 or TDD (414) 297-1115 will accept complaints based on race, color, age (40-70), gender, disability, national origin or ancestry, religious beliefs or convictions. File within 300 days of the last violation.

The U.S. Department of Health and Human Services, Office for Civil Rights, 105 West Adams Street, Chicago, IL 60603, (312)886-2359 or TDD (312) 353-5693 will accept discrimination complaints against health care and human service providers which receive funds from DHHS, based on race, color, national origin, age, religion or disability. File complaints within 180 days of the last violation.

The Office of Federal Contract Compliance, U.S. Department of Labor, 230 South Dearborn Street, Chicago, IL 60603, (312) 353-2158 or TDD (312) 353-2158 will accept complaints against federal contractors and subcontractors based on race, color, religion, sex, or national origin. File within 180 days of the last violation.

The U.S. Department of Justice, Civil Rights Division, 10th and Pennsylvania Avenue NW, Washington, D.C. 20530, has an ADA Public Access Telephone with recorded message information including additional telephone numbers for employment, services, transportation, public accommodation, and commercial facilities, telecommunications relays. ADA Public Access operating hours are 12:00 – 4:00 p.m. Central Time: (202) 514-0301 or TDD (800) 800-3302.

**Beloit Public Library
Employment Discrimination Complaint Form**

NAME OF COMPLAINANT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

Are you an employee of the agency named in this complaint?

Yes _____ No _____

Are you applying for or did you apply for a job with the agency named in this complaint?

Yes _____ No _____

BASIS FOR EMPLOYMENT DISCRIMINATION COMPLAINT:

Such as: age, race, religion, color, disability or association with a person with a disability, sex, national origin or ancestry, arrest or conviction record, sexual orientation, marital status, military participation, political affiliation, illegal harassment, denial or reasonable accommodation for disability or for religious practices, beliefs or convictions.

DESCRIPTION of the action or treatment which you think was discriminatory. Include information about who, what, when, where, why, and how, as well as the names, addresses, and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room.

DESCRIPTION OF THE RELIEF OR SATISFACTION YOU WANT:

Complainant's Signature

Date

Note: You may contact the Administration Office at (608) 364-2908 if you would like help in filling out this form.

INTERNAL COMPLAINT

Date Received_____

Action Taken_____

Received By_____

Title_____

Program and Individual(s)
to be investigated:

Further Action Required?

Yes_____ No_____

Findings:

If Yes, what action is recommended?

(Complete within 30 days)

Written Response sent to Complainant:

Date_____

Signed By_____