

DISCRIMINATION COMPLAINT PROCEDURE DESCRIPTION

The Office of Diversity and Civil Rights Compliance (DCRC) is pleased to have an opportunity to assist you.

In order to assist you properly, the DCRC needs your cooperation in obtaining information that will allow staff to provide you with the best service possible. The attached Discrimination Complaint Form is designed to provide the information needed to get started. The Discrimination Complaint Form must be fully completed.

Please return the completed Discrimination Complaint Form to a DCRC administrative support member who will forward your paperwork to the EEO Officer. The EEO Officer will schedule a follow up appointment to review your information with you. The EEO Officer will talk with you about your concerns and issues so that a detailed understanding of your case can be developed.

The information you have provided will be reviewed and where appropriate an EEO Officer will be assigned to contact and work with you to resolve your concerns. The EEO Officer you worked with initially may/may not be the person who is assigned to work with you to resolve your concerns.

Please complete the Discrimination Complaint Form and attach any documentation you may have pertaining to the issues you have expressed. If you require any help or have any additional questions, you may call the Office of Diversity and Civil Rights Compliance at (404) 612-3735.

Thank you for contacting us. We look forward to working with you.

FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE



FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT FILING AN EMPLOYMENT DISCRIMINATION COMPLAINT

1. **What is discrimination?**

Discrimination is biased or unfair treatment against an employee in the terms, conditions and privileges of employment because of his or her race, color, age, gender, religion, disability, national origin and/or sexual identity.

2. **I think I have been discriminated against, but I'm not sure. What do I do?**

Employees who feel they have been discriminated against should call the Office of Diversity and Civil Rights Compliance to schedule an appointment to discuss your complaint. During the intake process, it will be determined whether or not your complaint has a discriminatory basis.

3. **When should I file a complaint?**

A complaint of discrimination must be filed with the Office of Diversity and Civil Rights Compliance within thirty (30) days of the date on which the unfair employment practice took place. Under certain conditions, a waiver of the filing deadline may be granted. Waivers will be approved or denied at the time an untimely charge is filed.

4. **Do I need to have permission from my supervisor or department head to come to the Office of Diversity and Civil Rights Compliance and will I have to use leave time?**

Employees do not have to have permission to come to the Office of Diversity and Civil Rights Compliance. However, employees cannot simply walk off of their jobs without giving notice to their supervisors. Employees also do not have to use leave time to come to the DCRC.

5. **Is the Office of Diversity and Civil Rights Compliance the only place I can file a charge of discrimination?**

No. Employees who feel they have been discriminated against may also file with the U. S. Equal Employment Opportunity Commission (EEOC) located at 100 Alabama Street, S. W., Atlanta, Georgia, 30303. Employees can file a complaint of discrimination with either the Office of Diversity and Civil Rights Compliance or the EEOC or both agencies simultaneously.

6. **What happens if the unfair treatment I allege is not discrimination?**

If it is determined after an intake interview that your complaint is not based on discrimination, you will be referred to the appropriate resource for the resolution of your complaint. The Office of Employee/Labor Relations and the Grievance Process are resources for employees to resolve complaints that do not have a discriminatory basis.

7. **Can my supervisor fire, demote or treat me differently because I filed a complaint of discrimination or participated in an investigation of discrimination?**

No. Employers **cannot** retaliate against employees who file a charge of discrimination or participate in an investigation of discrimination. Every employee has the right to a fair inquiry if they feel that they have been a recipient of alleged discrimination.



FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT FILING A TITLE VI DISCRIMINATION COMPLAINT

1. What does Title VI Cover?

Title VI of the Civil Rights Act 1964, as amended requires that no person shall on the basis of race, color or national origin, as provided by this statute and the Civil Rights Restoration Act of 1987 (P. L. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. Fulton County further assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether or not those programs and activities are federally funded. In addition, Fulton County will take reasonable steps to provide meaningful access to services for persons with Limited English Proficiency.

2. When should I file a complaint?

A complaint of Title VI discrimination must be filed with the Office of Diversity and Civil Rights Compliance (DCRC) within thirty (30) business days of the date on which the unfair treatment took place. Under certain conditions, a waiver of the filing deadline may be granted. Waivers will be approved or denied at the time an untimely charge is filed.

3. Is the DCRC the only place I can file a Title VI charge of discrimination?

No. Individuals who feel they have been subjected to Title VI discrimination may also file with the Office of Civil Rights in the relevant federal funding/regulatory agency as well as with, State pass through agencies or with the courts.

FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE
DISCRIMINATION COMPLAINT FORM

Instructions: Complete this form by providing as much detailed information as possible. You may attach additional sheets if necessary.

1. NAME (Last, First, Middle) Mr. Ms. Mrs. 2. EMPLOYEE IDENTIFICATION NUMBER
OR COMPLAINANT'S SOCIAL SECURITY #

--	--

3. HOME ADDRESS (No. and Street) Apt # 4. CITY AND STATE ZIP CODE

--	--	--	--

5. HOME PHONE + AREA CODE 6. WORK PHONE + AREA CODE 7. PAGER/CELL + AREA CODE

--	--	--

8. E-MAIL ADDRESS 9. RACE 10. GENDER 11. DATE OF HIRE (IF APPLICABLE)

--	--	--	--

12. DEPARTMENT CODE (IF APPLICABLE) 13. IMMEDIATE SUPERVISOR (IF APPLICABLE) 14. SUPERVISOR PHONE + AREA CODE (IF APPLICABLE)

--	--	--

15. YOUR WORK LOCATION (IF APPLICABLE) 16. YOUR POSITION/TITLE (IF APPLICABLE)

--	--

17. CURRENT EMPLOYMENT STATUS (Check One):

- | | | |
|--|---|---|
| <input type="checkbox"/> Classified Full Time Employee | <input type="checkbox"/> Contract Employee | <input type="checkbox"/> Contractor/Sub-Contractor |
| <input type="checkbox"/> Grant-Funded Employee | <input type="checkbox"/> Hourly Employee | <input type="checkbox"/> Permanent Part-Time Employee |
| <input type="checkbox"/> Probationary Employee | <input type="checkbox"/> Temporary Employee | <input type="checkbox"/> Terminated Applicant |
| <input type="checkbox"/> Unclassified Full Time Employee | <input type="checkbox"/> Work Test Employee | <input type="checkbox"/> Other (e.g. Citizen, Client, Patron) |

18. Are you currently working with an employee organization/union representative or attorney?

Yes No If yes, please provide the following information:

Name of Organization/Union: _____

Name of Representative: _____

Name of Attorney: _____

Phone Number: () _____

19a. Have you ever filed a charge alleging similar facts with any of the following offices? Check all that apply.

- EEO EEOC Grievance Employee Labor Relations
 Other Federal Agency Federal Court State Agency State Court
 Local Agency

19b. Provide information about a contact person at the agency/court where the complaint was filed:

20a. INDICATE THE BASIS FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply:

DISCRIMINATION

- AGE (40 AND OVER) COLOR DISABILITY
 GENECTIC INFO GENDER NATIONAL ORIGIN
 PREGNANCY PROTECTED CLASS HOSTILE WORK ENVIRONMENT RACE
 RELIGION RETALIATION SEXUAL HARASSMENT
 SEXUAL IDENTITY TITLE VI DISCRIMINATION

20b. WHO IS BEING NAMED AS THE ALLEGED VIOLATOR(S)?

1.			
	Name	Department	Phone + Area Code
2.			
	Name	Department	Phone + Area Code
3.			
	Name	Department	Phone + Area Code

