# LCCS POLICY 430 **Discrimination Complaint**

| Original Issue Date:           | 2/28/1994                          |
|--------------------------------|------------------------------------|
| <b>Revision Dates:</b>         | 1/27/1999 , 3/26/2010, 12/17/2020  |
| Revision Number:               | 3                                  |
| <b>Current Effective Date:</b> | 12/20/1999 , 3/26/2010, 12/17/2020 |
| <b>Obsolete/Combined Date:</b> |                                    |
| Reason for                     |                                    |
| <b>Obsoleting/Combining:</b>   |                                    |
| See new Policy #:              |                                    |

| Scope:                 | All LCCS Staff   |
|------------------------|--|
| <b>Responsibility:</b> | Compliance Officer, Affirmative Action Committee,  |
|                        | Director of Human Resources, Executive Director  |
| Purpose:               | To provide a mechanism whereby the process for filing and investigating a complaint of unlawful discrimination by Lucas County Children Services can be identified and responded to. |
| Legal Cite:            | ORC. 4112.01, 4112.02, 4112.05, 4167.13; OAC 123:1-49-05, 123:1-49-08, 4167-9-01, 5101:2-33-03; Americans with Disabilities Act of 1990 (ADA); Multi-Ethnic Placement Act (MEPA)     |

# **POLICY STATEMENT**

An employee, prospective employee or consumer of Lucas County Children Services, who believes she/he has been discriminated against on the basis of race, color, national origin, religion, age, gender, sexual orientation or disability is entitled to a fair hearing as prescribed by the Ohio Department of Job and Family Services. Any person referenced to in this policy statement has the right to file a formal, written complaint. All complaints must be submitted in writing.

### **PROCEDURE**

This procedure must be strictly adhered to; no exceptions will be made.

### **Complainant Responsibilities**

Only the Complainant or an authorized representative can submit a discrimination complaint. Unless authorized by the Complainant, in writing, no person can submit a discrimination complaint on behalf of someone else.

The Complainant or authorized representative is to submit the following information to the LCCS Compliance Officer in writing:

- Concise statements of the facts or incidents which make the complainant believe that he/she has been unlawfully discriminated against.
- The date or dates on which the alleged discriminatory act(s) occurred.
- The name(s), address(es) and telephone number(s), if known, of the person(s) alleged to have committed the act(s) of unlawful discrimination.
- The identification of the status/position of the person(s) alleged to have committed the discriminatory act(s) (i.e., an employee).
- The name(s), address(es) and telephone number(s) of any witness(es) available for interviews and who will willingly participate in the investigation.
- Any additional information, documents and written correspondence relating to the alleged discriminatory act(s) which support the facts being reported.

## The Compliance Officer will:

- Review the complaint and make a determination regarding whether the allegation(s) is/are consistent with the criteria set forth in this policy;
- Notify the Complainant, in writing, within two (2) business days that the allegation(s) cited in the complaint is/are not consistent with the discrimination criteria set forth in this policy when such a determination has been made;
- Notify the Complainant, in writing, within two (2) business days that the Affirmative Action Committee will be initiating an investigation of the complaint when it has been determined that the allegation(s) is/are consistent with the discrimination criteria set forth in this policy;
- Convene the Affirmative the Action Committee within five (5) business days after a complaint is received for purpose of initiating the investigation.

### The Affirmative Action Committee will:

- Develop an investigative plan and initiate an investigation of the formal complaint within one (1) business day after the committee has convened;
- Request additional information from the Complainant should the committee feel that more information is needed to continue the investigation. This information must be supplied, in writing, by the Complainant/authorized representative within five (5) business days of the request;
- Provide a written report of findings and any recommendations to the Executive Director at the conclusion of an investigation.

### **The Executive Director will:**

• Forward his/her written decision to the Complainant and Affirmative Action Committee within ten (10) business days of receipt of the report.

# **CASE PRACTICE GUIDES**

**DEFINITION:** Individual with Disability is defined by the Americans with Disabilities Act as:

- An individual who has a physical or mental impairment that substantially limits one
  or more of his/her major life activities such as seeing, hearing, speaking, walking,
  breathing, performing manual tasks, learning, caring for oneself and working; or
- Has a history or record of such an impairment such as a person who has recovered from cancer or mental illness and which is documented in medical records; or
- Is regarded as having such an impairment, even though he/she may not have such an impairment, such as a person with severe facial disfigurement.

NOTE: Retaliation against any person(s) who has made a complaint, assisted with or participated in any manner in an investigation, will not be tolerated and is considered unlawful.

# **RELATED POLICIES and FORMS**

| LCCS Policy 141 | Non-discriminatory | Service Delivery |
|-----------------|--------------------|------------------|
|-----------------|--------------------|------------------|

LCCS Policy 155 AIDS & HIV Testing LCCS Policy 486 Sexual Harassment

LCCS Policy 488 Bias Free Communication

LCCS Policy 490 Diversity

LCCS Policy 735 Assessment, Training & Homestudy Process for Foster Families

JFS 01611 Non-discrimination Requirements for Foster Care and Adoptive

**Placements** 

JFS 02333 Discrimination Complaint\*\*

\*\*Form also available in Arabic, Russian, Spanish & Soma