WINSLOW TOWNSHIIP
CIVIL RIGHTS POLICY

Anti-Discrimination Policy

Winslow Township is committed to the principle of equal employment opportunity and anti-discrimination pursuant to Title VII of the 1964 Civil Rights Act as amended by the Equal Opportunity Act of 1972 and the New Jersey Law Against Discrimination (LAD). Under no circumstances will Winslow Township discriminate on the basis of sex, race, creed, color, religion, national origin, ancestry, age, marital or political status, affectional or sexual orientation, domestic partnership status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), liability for service in the United States armed forces, and/or any other characteristic protected by law. Decisions regarding the hiring, promotion, transfer, demotion or termination are based solely on the qualifications and performance of the employee or prospective employee. If any official, employee, appointee or volunteer of the Township of Winslow feels they have been treated unfairly, they have the right to address their concern with their Supervisor, or if they prefer, their Department Head, Administrator, or the Senior Personnel Technician.

Complaint Policy

Employees, official, appointee or volunteer who wish to complain of harassment, sexual harassment, or any other workplace wrongdoing are requested to immediately report the matter to their supervisor, or, if they prefer, or do not think that the matter can be discussed with their supervisor, they should contact the Department Head, the Administrator, or the Senior Personnel Technician. Employee, official, appointee or volunteer are encouraged to complain in writing using the Employee Complaint form, but may make a verbal complaint at their discretion. The person taking the complaint will reduce the complaint to writing and have the employee, official, appointee or volunteer making the complaint, sign the document. If the employee, official, appointee or volunteer has any questions about what constitutes harassment, sexual harassment, or any other workplace wrongdoing, they may ask their supervisor or one of the individuals listed above. All reports of harassment, sexual harassment, or other wrongdoing will be promptly investigated by a person who is not involved in the alleged harassment or wrongdoing.

No employee, official, appointee or volunteer will be penalized in any way for reporting a complaint. There will be no discrimination or retaliation against any individual who files a good-faith harassment complaint, even if the investigation produces insufficient evidence to support the complaint, and even if the charges cannot be proven. There will be no discrimination or retaliation against any other individual who participates in the investigation of a complaint.

If the investigation substantiates the complaint, appropriate corrective and/or disciplinary action will be swiftly pursued. Disciplinary action up to and including discharge will

also be taken against individuals who make false or frivolous accusations, such as those made maliciously or recklessly. Actions taken internally to investigate and resolve harassment complaints will be conducted confidentially to the extent practicable and appropriate in order to protect the privacy of persons involved. Any investigation may include interviews with the parties involved in the incident, and if necessary, with individuals who may have observed the incident or conduct or who have other relevant knowledge. The employee, official, appointee or volunteer will be notified of a decision or of the status of the investigation within a reasonable time from the date of the report of incident.

Winslow Township Official/Employee/Volunteer/Appointee Complaint Form Date_____

Attach additional sheets if necessary to fully complete all questions

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NAME: _____
DEPARTMENT/ORGANIZATION:_____

TITLE: _____
SUPERVISOR: _____

Time period covered by this complaint:
_____

Individuals who allegedly committed the acts being complained of:

_____

_____

Describe the nature and dates of the acts allegedly committed by each individual:

_____

_____

_____

_____

_____

Identify all persons with knowledge of the complained conduct:

_____

_____

Are there any documents or other evidence that supports the occurrences described above?

_____

_____

If you previously complained about this or related acts to a supervisor or official, please identify the individual to whom you complained, the date of the complaint, and any action taken.

_____

_____

Have you missed any time from work or incurred any un-reimbursed medical expenses as a result of the alleged acts?

_____

_____

Are you afraid that someone may retaliate against you because you filed this complaint? If so, please identify the person(s) and indicate the reasons why you feel the person(s) may retaliate against you.

_____

_____

_____

What is your requested remedy for this complaint?

_____

_____

_____

_____

ACKNOWLEDGMENT

The information provided above is true and correct to the best of my knowledge.

BY: _____DATE: _____

To investigate your complaint, it will be necessary to interview you, the accused party, and any witnesses with knowledge of the allegations or defenses. All persons involved in the investigation will be notified that (1) the complaint is confidential, (2) that any unauthorized disclosures of information concerning the investigation or retaliation could result in disciplinary action up to and including discharge.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence is deemed relevant.

BY: _____DATE: _____