

NON-DISCRIMINATION POLICY

It is the policy of the City of Vicksburg that there shall be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any of its programs, activities, services or benefits, and that all persons have equal access to the programs, activities, services or benefits offered by the City of Vicksburg.

The following Discrimination Complaint, Policies and Procedures are hereby adopted.

Complaint Procedures:

If you believe you have been discriminated against because of your race, color, sex, marital status, religion, national origin, age or disability, including limited English proficiency (LEP), by programs or activities offered by the City of Vicksburg, please contact the Office of the City Clerk. If you believe that you have been excluded from participation in, denied the benefits of, or subjected to discrimination on the basis of your race, color, sex, marital status, religion, national origin, age or disability, by the programs, activities, services or benefits of the City of Vicksburg, MS, contact the Office of the City Clerk.

The following complaint policies and procedures will be adhered to:

1. The Complaint Procedure begins with the individual who is filing the complaint, by completing the attached form and/or preparing and submitting a written statement. The statement should contain the name, address and telephone number of the individual or authorized representative filing the complaint. A thorough and specific description of the situation, incident, or condition, identity of witnesses, if any, the resolution the individual is seeking, and the signature of the individual filing the complaint properly dated by the complainant.
2. The complaint will be submitted to the Legal Department or Human Resource Department, as applicable, within seven (7) business days after the alleged violation occurred.
3. The Legal Department or Human Resource Department will have three (3) business days to provide the complainant written acknowledgment of the complaint.
4. The Legal Department or Human Resource Department will promptly conduct a review of the issues involved in the complaint to ascertain whether or not an informal resolution of the complaint can be achieved. If an informal resolution is possible and mutually agreeable, the agreement will be written and signed by both parties. If no informal resolution is possible, an investigation will be conducted and the investigator (Legal dept or HR dept) will and provide a written response to the complaint outlining possible accommodations, if any for resolution of the complaint. This response shall be approved by the Board of Mayor and Aldermen no later than thirty (30) days from the receipt of the complaint, when possible.
5. If a complaint is not presented within the time frame as set forth, the complaint will be considered waived, unless extended by written mutual consent. If the complain is not acknowledged within the specified time frame, the complainant may elect to treat the complaint as

denied at that point and immediately appeal the complaint to the Equal Employment Opportunity Commission (EEOC) or the appropriate state or local fair employment practices agency or human rights commission.

DISCRIMINATION COMPLAINT FORM

If you believe you have been discriminated against because of your race, color, sex, marital status, religion, national origin, age or disability, including limited English proficiency (LEP), by programs, activities, services or benefits offered by the City of Vicksburg, please contact the Office of the City Clerk and request and complete the Discrimination Complaint Form.

Please review and complete the discrimination complaint form. This form provides the City of Vicksburg with information to be reviewed. **It is not a formal complaint.** Once we receive your completed questionnaire, we will review it and then contact you for more information, if needed.

To avoid delays in processing, please submit only one complaint for to the Office of the City Clerk for referral to either the Legal Dept or the Human Resources Department.

First Name:

Last Name:

Middle Initial:

Street Address:

City:

State & Zip Code:

Home Phone:

Work Phone:

Cell Phone:

email address:

Do you require language interpretation?

If yes, what kind?

Do you require sign language interpretation?

Name of person(s) whom you believe discriminated against you:

When did this occur?

Where did this occur?

Please provide a detailed account of alleged discrimination. (1,000 characters max)

Have you tried to resolve the issue through any other method? Yes No

If yes, what is the status of that process?

Have you filed the same complaint with anyone else? Yes No

If yes, please provide the date.

Signature of Complainant

Date

Approved this the _____ day of May, 2017.

The Mayor and Aldermen of the City of Vicksburg, MS

BY: George Flaggs, Jr., Mayor