
**PROCEDURES FOR RESPONDING TO DISCRIMINATION
COMPLAINTS FROM EMPLOYEES, CLIENTS, CUSTOMERS,
PROGRAM PARTICIPANTS, OR CONSUMERS OF THE OFFICE OF
THE GENERAL TREASURER**

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Appendix A- Discrimination Complaint Form

1. Introduction

This policy establishes the procedures for Office of the General Treasurer (“Treasury”) employees to follow when they receive a complaint alleging discrimination from employees or from clients, customers, program participants, or consumers of a Treasury service that implements funding from the U.S. Department of Justice (“DOJ”).

2. Policy

The Office of the General Treasurer adheres to the policy that all individuals have the right to participate in programs and activities operated by the Treasury regardless of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability. To that end, the Treasury will ensure that it is in compliance with the following statutes and regulations, as applicable:

- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin in the delivery of services (42 U.S.C. § 2000d), and the DOJ implementing regulations at 28 C.F.R. pt. 42, subpt. C;
- Applicable program statutes, including the Omnibus Crime Control and Safe Streets Act of 1968, as amended, which prohibits discrimination on the basis of race, color, national origin, religion, and sex in the delivery of services and employment practices (42 U.S.C. § 3789d(c)(1)), and the DOJ implementing regulations at 28 C.F.R. pt. 42, subpt. D; the Violence Against Women Act of 1994, as amended, which prohibits discrimination on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, and disability in the delivery of services and employment practices (42 U.S.C. § 13925(b)(13)); the Victims of Crime Act of 1984, as amended, which prohibits discrimination on the basis of race, color, national origin, religion, sex, and handicap in the delivery of services and employment practices (42 U.S.C. § 10604(e)); and the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, which prohibits discrimination on the basis of race, color, national origin, religion, and sex in the delivery of services and employment practices (42 U.S.C. § 5672(b));
- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in the delivery of services and employment practices (29 U.S.C. § 794), and the DOJ implementing regulations at 28 C.F.R. pt. 42, subpt. G;
- Title II of the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disability in the delivery of services and employment practices (42 U.S.C. § 12132), and the DOJ implementing regulations at 28 C.F.R. pt. 35;
- Title IX of the Education Amendments of 1972, which prohibit discrimination on the basis sex in educational programs (20 U.S.C. § 1681), and the DOJ implementing regulations at 28 C.F.R. pt. 54; and

- The Age Discrimination Act of 1975, which prohibits discrimination on the basis of age in the delivery of services (42 U.S.C. § 6102), and the DOJ implementing regulations at 28 C.F.R. pt. 42, subpt. I.

These laws prohibit agencies from retaliating against an individual for taking action or participating in an action to secure rights protected by these laws.

3. Definitions

- Complaint Coordinator- the person designated by the Treasury to ensure that received complaints are acted upon properly and in a timely manner.
- Complainant- the individual making the complaint of discrimination.
- Discrimination- unfair treatment of one person or group usually because of prejudice about race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.
- Retaliation- the act of harassing, threatening, demoting, firing, or otherwise negatively targeting a complainant as a direct result of the discrimination complaint.

4. Complaint Procedures

An employee or a client, customer, program participant, or consumer of a Treasury service that implements funding from the DOJ may submit a complaint of discrimination regarding the Treasury. The complaint must be in writing and sent to the Complaint Coordinator listed below:

Chief Operating Officer
Office of the General Treasurer
50 Service Avenue
Warwick, RI 02886

The complaint must contain at a minimum the following information:

- Name of complainant;
- Contact information for complainant (phone number and address);
- Name of entity against whom the complaint is brought;
- Contact information for entity, including name of person to contact (if possible);
- Type of complaint (race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, disability);
- Date(s) of the event(s) of discrimination; and
- Description of the event(s) of discrimination (what happened) to cause need for complaint.

5. Processing Complaint Procedures

The Chief Operating Officer for the Office of the General Treasurer shall serve as the Complaint Coordinator.

If an employee or a client, customer, program participant, or consumer of a Treasury service that implements funding from the DOJ contacts a Treasury employee and wishes to file a complaint of discrimination against Treasury, the Treasury employee shall instruct the complainant to submit the complaint in writing in accordance with the procedures discussed above.

The Treasury employee who receives the complaint shall route the complaint to the Complaint Coordinator within five (5) business days of receipt.

The Complaint Coordinator shall provide written acknowledgement of the complaint to the complainant with an explanation of Treasury's complaint process within five (5) business days of the Complaint Coordinator's receipt.

If the complainant is a client, customer, program participant, or consumer, the Complaint Coordinator shall review the complaint and refer it to the State of Rhode Island Public Safety Grant Administration Office ("PSGAO") for further review, investigation, and resolution. The complaint shall be forwarded to the PSGAO within 10 business days of the Complaint Coordinator's receipt. Complainants should review the PSGAO complaint procedures for more information.

If the complainant is an employee of Treasury, the Complaint Coordinator shall review the complaint and shall refer it to the U.S. Equal Employment Opportunity Commission ("EEOC") for further review, investigation, and resolution. The complaint shall be forwarded to the EEOC within 10 business days of the Complaint Coordinator's receipt. Complainants should review the EEOC complaint procedures for more information.

The Complaint Coordinator shall notify the PSGAO of any discrimination complaint that is not referred to the PSGAO for investigation.

A complainant may file a complaint of discrimination directly with the PSGAO, the U.S. Equal Employment Opportunity Commission ("EEOC"), or the U.S. DOJ Office for Civil Rights ("OCR").

- The complaint procedures for the PSGAO may be found here: <http://psga.ri.gov/grantforms/index.php>
- The complaint procedures for the EEOC may be found here: <https://www.eeoc.gov/employees/charge.cfm>
- The complaint procedures for the OCR may be found here: <https://ojp.gov/about/offices/ocr.htm>

6. Training

Treasury staff shall be periodically trained regarding their responsibilities under these procedures. The procedures will be placed on the Treasury website for access by all Treasury employees and the general public.

- a. The initial complaint procedures will be disseminated to all Treasury employees.
- b. All subsequent updates to these procedures will be reviewed by employees in the same manner as the initial procedures.
- c. The updated procedures will replace outdated policies and procedures on the Treasury website.

These procedures shall be reviewed yearly by Treasury's General Counsel, the 504 Coordinator, and the Chief Operating Officer or Chief of Staff for necessary updates.

Appendix A

Discrimination Complaint Form



State of Rhode Island and Providence Plantations
Office of the General Treasurer

Seth Magaziner
General Treasurer

DISCRIMINATION COMPLAINT FORM

- The attached form may be used to assist you in filing a civil rights discrimination complaint with the Office of the General Treasurer.
- You are not required to use this form, and a letter containing the same information is sufficient. However, the information required by Treasury's Procedures for Responding to Discrimination Complaints **Section 4** must be included.
- Any questions about the attached form may be directed to the Complaint Coordinator. The Complaint Coordinator's contact information may be located in Treasury's Procedures for Responding to Discrimination Complaints, located on the Treasury website.



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

Public Safety Grant Administration Office

One Capitol Hill, Providence, RI 02908
Telephone: (401) 222-2620 – Fax: (401) 222-1294

Colonel Steven G. O'Donnell
Commissioner, Department of Public Safety
Superintendent, Rhode Island State Police

Thomas H. Mongeau
Administration Manager
Public Safety Grant Administration Office

DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a civil rights discrimination complaint with the RI Public Safety Grant Administration Office. The time you take to fill out this form is appreciated, as the RI Public Safety Grant Administration Office needs to know if and when unlawful discrimination is alleged against itself or one of its subgrantee agencies.

The RI Public Safety Grant Administration Office may use this form in investigating allegations of discrimination, though action by the RI Public Safety Grant Administration Office is not a substitute for legal or other remedies that may be available to you. Please be aware that time frames for filing a discrimination complaint may apply and that retention of legal counsel may be necessary to safeguard your rights. Please also know that antidiscrimination laws may contain non-retaliation provisions that are designed to protect against action taken against persons who file or participate in claims of unlawful discrimination.

You are not required to use this form and a letter containing the same information is sufficient. However, the information requested in the items marked with an asterisk (*) must be provided, regardless of whether or not this particular form is used.

1. Complainant's name and address:

Name: _____

Address: _____

_____ Zip _____

Telephone No: Home: (____) _____ Work: (____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____ Zip _____

Telephone: Home: (____) _____ Work: (____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

DISCRIMINATION COMPLAINT FORM - CONTINUED

Any individual if known: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services and/or other discriminatory actions by the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

____ Other: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

____ Other: _____

5. What is the most convenient time and place for us to contact you about this complaint?

DISCRIMINATION COMPLAINT FORM - CONTINUED

6. If we will not be able to reach you directly, please give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone No: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

8.* To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

DISCRIMINATION COMPLAINT FORM - CONTINUED

10. The anti-discrimination laws we monitor for prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

11. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
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12. Do you have any other information that you think is relevant to our investigation of your allegations?

13. What remedy are you seeking for the alleged discrimination?

14. Have you (or the person discriminated against) filed the same or any other complaints with other offices (including the Equal Employment Opportunity Commission or the Civil Rights Division of the Rhode Island Office of Attorney General?

Yes ____ No ____

DISCRIMINATION COMPLAINT FORM - CONTINUED

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address: _____

_____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ Other Office: _____

Briefly, what was the complaint about?

What was the result?

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

16. If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

DISCRIMINATION COMPLAINT FORM - CONTINUED

Comments:

17. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

18. How did you learn that you could file this complaint? Please advise so that the RI Public Safety Grant Administration Office can better improve its strategy for responding to allegations of unlawful discrimination:

19.* We cannot proceed with a complaint if it has not been signed. Please sign and date below:

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.