

## **DISCRIMINATION COMPLAINT PROCEDURE**

1. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited by Title VI nondiscrimination provisions may file a written complaint with the Pennsylvania Public Utility Commission Equal Employment Opportunity Officer.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after the date of the alleged act of discrimination.
3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the claimed discrimination. In the event that a person makes a verbal complaint of discrimination to an employee of the Pennsylvania Public Utility Commission, the person shall be interviewed by the Equal Employment Opportunity (EEO) Officer. If necessary, the EEO Officer will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall then be handled according to the Pennsylvania Public Utility Commission's investigative procedures.
4. Within 10 days, the Equal Employment Opportunity Officer will acknowledge receipt of the allegation, inform the complainant of the action taken or proposed action to process the allegation and advise the complainant of other avenues of redress available, such as the Pennsylvania State Police (PSP).
5. The Pennsylvania Public Utility Commission will advise the PSP within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to the PSP:
  - a. Name, address, and phone number of the complainant.
  - b. Name(s) and address(es) of alleged discriminating employees.
  - c. Basis of complaint (i.e. race, color, national origin, sex, age, disability, low-income, or LEP).
  - d. Date of alleged discriminatory act(s).
  - e. Date the complaint was received.
  - f. A statement of the complaint.
  - g. Other agencies (state, local, or Federal) where the complaint has been filed.

- h. An explanation of the actions the Pennsylvania Public Utility Commission has taken or proposed to resolve the issue raised in the complaint.
6. Within 60 days the EEO Officer will conduct an investigation of the allegation and based on the information obtained, will submit a general investigation report. The Complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the general investigation report.
7. Within 90 days of receipt of the complaint, the Equal Employment Officer will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The Equal Employment Officer will advise the complainant of their appeal rights with the Director of Administration.

# EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION COMPLAINT

## TITLE VI DISCRIMINATION COMPLAINT FORM

This information on this form should be completed for all alleged Title VI discrimination complaints. The completed complaint form should be signed by the complainant. Upon completion, please forward to the Human Resource's Resource Account ([ra-puchr@pa.gov](mailto:ra-puchr@pa.gov)) or to Attn: Human Resource Office, 400 North Street, 3<sup>rd</sup> Floor Harrisburg, PA 17120.

1. Complainant's Name:

Home Telephone No.

2. Are you currently employed by the PUC?

Yes       No

Home address:

3. Location of discrimination:

4. Date of Alleged Discriminatory Practice

5. Basis of Alleged Discriminatory Practice

- |   |   |
|---|---|
| <input type="checkbox"/> RACE           | <input type="checkbox"/> AGE                            |
| <input type="checkbox"/> SEX            | <input type="checkbox"/> DISABILITY                     |
| <input type="checkbox"/> NATIONAL ORGIN | <input type="checkbox"/> LIMITED ENGLISH<br>PROFICIENCY |
| <input type="checkbox"/> COLOR          | <input type="checkbox"/> OTHER (SPECIFY)                |
| <input type="checkbox"/> LOW INCOME     | _____   |

6. Discrimination Occurred in Connection With:

7. Facts of the Alleged Discriminatory Practice Are:

8. Please provide supporting documents which form the basis for the discriminatory practice you are claiming as indicated in your response to number 5 of this form.

Describe attachments:

9. Person(s) who you believe discriminated against you.

Name

Title

Telephone Number

---

10. Have you filed your complaint with any outside agency?

If "Yes", what agency did you file with?

---

Complainant's Signature

Date