

## **1009.0.0 EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY**

This establishes the DHS Equal Opportunity/Affirmative Action policy and is applicable to all employees, applicants seeking employment within DHS, and to all persons or organizations seeking or receiving services, contracts, agreements, grants, sub-grants, programs and projects funded through/from DHS.

### **1009.1.0 DHS Assurances**

1009.1.1 Fair and equal opportunity in employment and service delivery regardless of race, color, religion, sex, age, national origin, political beliefs, or disability that impairs one or more major life activities as defined in the Americans with Disabilities Act.

1009.1.2 Equal opportunity in the establishment and application of personnel policies and procedures to include: recruitment, selection, promotion, demotion, transfer, reclassification, layoff and recall, training, termination and other benefits, terms and conditions of employment.

1009.1.3 Non-discrimination and equal opportunity in compliance with all applicable federal laws, regulations, executive orders and civil rights rules or regulations.

### **1009.2.0 Responsibilities**

The overall responsibility for coordination of equal opportunity policies, programs and employment practices within DHS has been assigned to the DHS Employee Relations Office Administrator.

### **1009.3.0 Initiative is Encouraged**

DHS encourages initiative and personal leadership by management and employees as the best means to ensure the success of its Equal Opportunity Programs.

### **1009.4.0 Posting Requirement**

A copy of PUB-284, "Discrimination is Prohibited," will be posted in a conspicuous place in each DHS office and facility.

### **1009.5.0 Complaints**

All complaints should be filed on DHS-2808, Employment Discrimination Complaint form.

**1009.6.0 Originating Section/Department**

All questions should be directed to:

DHS Employee Relations Office  
205 Donaghey Plaza North  
Slot 203  
P.O. Box 1437  
Little Rock, AR 72203-1437

Telephone: (501) 682-6003  
FAX: (501) 682-8926  
TDD: (501) 682-7958

**Replacement Notation:** This policy replaces DHS 1009 dated December 15, 1997.

# CONFIDENTIAL

## ARKANSAS DEPARTMENT OF HUMAN SERVICES Complaint of Employment Discrimination

This form may be used to report discrimination related to race, color, religion, sex, age, national origin, political beliefs, or disability.

**Please print or type**

1. Your Name \_\_\_\_\_  
(Mr., Mrs., Ms., Miss)
  
2. Title \_\_\_\_\_ Division \_\_\_\_\_
  
3. Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
  
4. Basis of the alleged discrimination: Race \_\_\_\_\_ Color \_\_\_\_\_ Religion \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
National Origin \_\_\_\_\_ Political Beliefs \_\_\_\_\_ Disability \_\_\_\_\_
  
5. Who discriminated against you? Give the name, title and division of the person(s) that you believe discriminated against you.  
Name \_\_\_\_\_ Title \_\_\_\_\_ Division \_\_\_\_\_
  
6. Date, time, and location of the alleged incident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Name of person(s) who witnessed the alleged discrimination (identify involvement, i.e. witness, participant, etc.)
  - A. Name \_\_\_\_\_ Phone No. \_\_\_\_\_
  - B. Involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Explain what act or acts of discrimination were committed against you. How were other persons treated differently? (Use extra sheet if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. What corrective action do you wish taken in your behalf regarding your complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INSTRUCTIONS**

**PURPOSE:** This form is to be completed by the person filing a discrimination complaint.

1. The form must be completed in full.
2. The form should be submitted no more than 180 days from the date of the alleged action to:

**DHS OFFICE OF EMPLOYEE RELATIONS/OFFICE OF EQUAL  
OPPORTUNITY**

**P.O. BOX 1437 – SLOT N250  
LITTLE ROCK, AR 72203-1437  
TELEPHONE: (501) 682-6003  
FAX: (501) 682-8926  
TDD: (501) 682-7958**

**OR**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF CIVIL RIGHTS, REGION VI**

**1301 YOUNG STREET – SUITE 1169  
DALLAS, TX 75202  
TELEPHONE: (214) 767-4056  
FAX: (214) 767-0432  
TDD: (214) 767-8940**

3. All documents pertaining to this complaint should be provided with this form.
4. If you have questions, please call (501) 682-6003