



capitol hill
VILLAGE

www.capitolhillvillage.org

Equal Employment Opportunity Policy

Capitol Hill Village provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Complaint Form and Procedures

Any individual who believes that they have been subjected to unequal treatment or discrimination may file a written complaint with Molly Singer, Executive Director of Capitol Hill Village. A formal complaint must be filed within 30 days of the alleged occurrence or when the alleged discrimination became known to the complainant. A complaint form follows this policy. It can also be found at www.capitolhillvillage.org.

Title VI, ADA and EEO Complaint Form

Any individual may exercise their right to file a complaint if that person believes that they have been subjected to unequal treatment or discrimination in the receipt of benefits or services or in employment. Capitol Hill Village will make a concerted effort to resolve complaints at the lowest level possible.

Please complete this form to the best of your ability. If you need translation or other assistance, contact the human resources department. Please print if you are not completing this form electronically.

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

Basis of Complaint (mark all that apply):

- Race
- Sex / Gender
- Disability
- Color
- Sexual Orientation
- Retaliation
- Religion
- Gender Identity
- National Origin
- Age
- Other –specify

Who discriminated against you?

Name _____

Organization _____

Address _____ City _____ Zip _____

Telephone _____

How were you discriminated against? (Attach additional pages if more space is needed)

Where did the discrimination occur?

Dates and times discrimination occurred?

Were there witnesses to the discrimination?

Name:	Organization
Work Phone:	Other Phone:
Email	

Name:	Organization
Work Phone:	Other Phone:
Email	

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____ Status (pending, resolved, etc.) _____
Result, if known _____ Complaint number, if known _____

Do you have an attorney in this matter?

Name: _____
Phone: _____
Email: _____
Address _____ City _____ Zip _____

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant Name: _____

pSignature: _____ Date _____