LSU HEALTH CARE SERVICES DIVISION BATON ROUGE, LOUISIANA

POLICY NUMBER:	4505-18
CATEGORY:	Human Resources
CONTENT:	Equal Employment Opportunity Policy
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INQUIRIES TO:	Division of Human Resources LSU Health Care Services Division P.O. Box 91308 Baton Rouge, Louisiana 70821 (225) 354-4843 FAX: (225) 354-4851
Deputy Chief Executive Of LSU Health Care Services	ficer Date
Director of Human Resource	12/20/18 Date

LSU Health Care Services Division

LSU HEALTH CARE SERVICES DIVISION EQUAL EMPLOYMENT OPPORTUNITYPOLICY

I. Policy statement

The LSU Health Care Services Division (HCSD) control is committed to maintaining an atmosphere free of all forms of discrimination, including discrimination in employment decisions. It is the policy of LSU HCSD that no person shall be discriminated against with regard to race, creed, color, marital status, sexual orientation, religion, sex, national origin, age, mental or physical disability or Veteran's status or other non-merit factor which cannot lawfully be used as the basis for an employment decision. Discrimination in employment violates Federal laws as well as state laws.

II. Applicability

This policy shall be applicable to all employees at the HCSD Administrative Office (HCSDA) and Lallie Kemp Medical Center (LAKMC) and all persons who apply for employment within the HCSD and LAKMC, including classified, unclassified, students and any other persons having or seeking an employment relationship with these agencies, regardless of appointment type.

III. Implementation

Subsequent revisions to this policy shall become effective upon approval and date of signature of the Deputy Chief Executive Officer of LSU HCSD.

IV. Recruitment and Hiring Guidelines

The following recruitment and hiring guidelines apply to all HCSD facilities:

- 1. The recruitment process shall be conducted in a manner designed to attract a diverse pool of applicants. The Human Resources Director shall serve as a resource to facilities in determining the most appropriate strategy for recruiting. All advertisements shall include a statement that HCSD is an Equal Opportunity Employer.
- 2. Jobs shall be advertised in accordance with Civil Service hiring rule or procedures, HCSD policy and LSU Systems policies to ensure that all interested and qualified employees are aware of employment opportunities.
- 3. All pre-employment selection procedures, including credential reviews, interviews and reference checks shall be conducted without regard to race, color, marital status, sexual orientation, creed, religion, sex, national origin, age, disability or Veteran's status.
- 4. Selection criteria shall be developed in direct relationship to the requirements of the particular position.

V. Complaint Procedure

- 1. LSU HCSD will take affirmative steps, including employee disciplinary actions up to and including termination to maintain a workplace free of discrimination.
- 2. The consequences of specific discriminatory conduct will be assessed on a case by case basis.
- 3. Managers and supervisors aware of any incidents of suspected discrimination must report suspected incidents to the Human Resources Director of the facility, the Human Resources Administrator for HCSD, or the Deputy Chief Executive Officer for LSU HCSD, whether or not a complaint has been filed by the person subjected to suspected discrimination.
- 4. Any person who is aggrieved by conduct that violates this policy MUST report the incident(s) to the Human Resources Director of the facility, the Human Resources Administrator for LSU HCSD or the Deputy Chief Executive Officer for LSU HCSD. The complaint MUST be in writing and must be filed within ten (10) calendar days of the occurrence. The complaint shall be made on the form attached hereto as Exhibit "A".
- 5. The Human Resources Director of the facility, the Human Resources Administrator for LSU HCSD, or the Deputy Chief Executive Officer for LSU HCSD, in the order so listed, shall be charged with the responsibility of investigating discrimination complaints and recommending actions to address complaints. LSU HCSD will investigate and resolve all complaints through the investigative process, in a timely, fair, impartial and effective manner.
- 6. The complainant and the individual who is the subject of the complaint shall be notified of the resolution of the complaint.
- 7. All information discovered during the course of the investigation shall be treated as confidential information to the extent allowed by law.

VI. Responsibility

Administrative heads of all divisions and departments who have responsibility for recruitment, appointment, and evaluation of staff are charged with implementing this policy successfully.

VII. Non Retaliation

LSU HCSD prohibits any form of retaliation against any employee filing a complaint under this policy or for assisting in a complaint investigation.

VIII. Frivolous Complaints

This policy shall not be used to intentionally bring frivolous or malicious charges against employees. Disciplinary action up to and including termination shall be taken against any person intentionally bringing a false charge of discrimination.

IX. Inquiry

Employees having questions concerning discrimination or LSU HCSD's policy on discrimination should contact their facility's Human Resources Department. Questions may also be directed by mail to the LSU HCSD Headquarters, P.O. Box 91308, Baton Rouge, LA 70821.

Name:	Facility:
Job Title:	Work Phone:
Home Phone:	Date:
additional sheets in the case where form submit it to the facility's EEG	pace has been provided to answer the questions. Please attach the space provided is not large enough. After completing the O Officer or Human Resources Director, or to the Human Operating Officer at Central Office in Baton Rouge.
WRITTEN REQUIREMENT – 'discrimination in writing.	This form meets the requirement to report suspected
possible of all information provide discrimination will not be subjecte	ill be taken to ensure the confidentiality to the greatest extent ed on this form. Employees complaining of or reporting ed to retaliation of any kind. LSU HCSD prohibits any form of or filing a bona fide complaint under the policy or for assisting
determined that the employee has a	nvestigating any complaint of discrimination, it has been provided false information regarding the complaint, then gainst the individual who filed the false complaint or gave the
PLEASE REME	MBER TO SIGN AND DATE THIS FORM
Who committed the alleged discrimination	ination?
Is the person who allegedly discriming	inated against you in a supervisory position over you?

When did the incident occur? Is it ongoing?
when the incident occur. Is it ongoing.
How often did/does the incident occur?
How often did/does the incident occur:
What exactly occurred or was said?
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How did it affect you? Has your job been affected in any way? If so, how?
How that it affect you. This your job been affected in any may a say

How did you react?
What response did you make when the incident occurred or afterwards?
Are there any persons who have information about this matter? Was anyone present when the alleged discrimination occurred? Did you tell anyone about it? Did anyone see you immediately after episodes of alleged discrimination?
Did the person who allegedly discriminated against you discriminate against anyone else? Do you know whether anyone complained about discrimination by that person?
Are there any notes, physical evidence, or other documentation regarding the incident?

	How would you like to see the situation resolved?
100	
	Signature: Date: