

**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4505-21

CATEGORY: Human Resources

CONTENT: Equal Employment Opportunity Policy

APPLICABILITY: This policy applies to all employees of the HCSD Headquarters (HCSDA) and Lallie Kemp Medical Center (LKMC) and all persons who apply for employment at either agency including classified employees, unclassified employees, students and any other persons having or seeking an employment relationship with the agency, regardless of appointment type.

EFFECTIVE DATE: March 4, 2008
Reviewed: December 4, 2009
Reviewed: October 18, 2010
Reviewed: October 17, 2011
Reviewed: March 15, 2014
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Reviewed: February 22, 2017
Reviewed: December 18, 2018
Reviewed: November 13, 2019
Reviewed: June 2, 2020
Reviewed: September 17, 2021

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

Note: Approval signatures/titles are on the last page

**LSU HEALTH CARE SERVICES DIVISION
EQUAL EMPLOYMENT OPPORTUNITY POLICY**

I. Policy statement

The LSU Health Care Services Division (HCSD) reaffirms its commitment to Equal Employment Opportunity policies and procedures in the recruitment, hiring, transfer, promotion, and other terms or conditions of employment without regard to race, color, ethnicity, national origin, sex (including pregnancy, sexual orientation, or gender identity/expression), age (over 40), spirituality, socio-economic status, disability, genetic information, family status, protected veteran's status, experiences, opinions or any aspect of one's social identity or other non-merit factor which cannot lawfully be used as the basis for an employment decision. Any discriminatory action can be cause for disciplinary action, up to and including termination. Additionally, retaliation against any individual for having complained about discrimination based on any protected status described above or participating in the investigation of such a claim is expressly prohibited.

The policy further insures that all applicants receive fair consideration for employment and that all employees are treated fairly. Such action shall include, but not be limited to, the following: employment, promotion or upgrading; demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training.

Note: Any reference herein to Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

II. Implementation

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

III. Recruitment and Hiring Guidelines

The following recruitment and hiring guidelines apply to all HCSDA and LKMC:

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 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 any protected status described in the policy statement (Section I of this policy).
4. Selection criteria shall be developed in direct relationship to the requirements of the particular position.

IV. Complaint Procedure

1. 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 LKMC, the HCSD Human Resources Administrator, or the HCSD Chief Operations Officer, 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 LKMC, the HCSD Human Resources Administrator, or the HCSD Chief Operations Officer. 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 LKMC, the HCSD Human Resources Administrator, or the HSD Chief Operations Officer, in the order so listed, shall be charged with the responsibility of investigating discrimination complaints and recommending actions to address complaints. 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 confidentially as possible with only those with a need to know being informed of the complaint or to the extent as required by law.

V. 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.

VI. 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.

VII. Inquiry

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

COMPLAINT FORM

Name: _____ Work Location: _____

Job Title: _____ Work Phone: _____

Home/Mobile Phone: _____ Date: _____

Please complete the form below. Space has been provided to answer the questions. Please attach additional sheets where the space provided is not large enough. After completing the form, submit it to the EEO Officer or Human Resources Director, or to the Human Resources Administrator, or Chief Operating Officer at HCSD Administration in Baton Rouge.

WRITTEN REQUIREMENT – This form meets the requirement to report suspected discrimination in writing.

CONFIDENTIALITY – Steps will be taken to ensure the confidentiality to the greatest extent possible of all information provided on this form. Employees complaining of or reporting discrimination will not be subjected to retaliation of any kind. HCSD prohibits any form of retaliation against any employee for filing a bona fide complaint under the policy or for assisting in a complaint investigation.

FALSE REPORTING – If after investigating any complaint of discrimination, it has been determined that the employee has provided false information regarding the complaint, then disciplinary action will be taken against the individual who filed the false complaint or gave the false information.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM

Who committed the alleged discrimination?

Is the person who allegedly discriminated against you in a supervisory position over you?

COMPLAINT FORM

When did the incident occur? Is it ongoing?

How often did/does the incident occur?

What exactly occurred or was said?

How did it affect you? Has your job been affected in any way? If so, how?

COMPLAINT FORM

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?

COMPLAINT FORM

How would you like to see the situation resolved?

Signature: _____ Date: _____

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