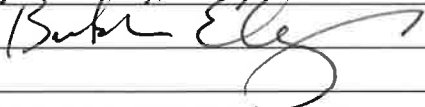


<b>Approved by:</b> Butch Eley, Commissioner	<b>Policy Number:</b> 37
<b>Signature:</b> 	<b>Supersedes:</b> May 21, 2018
	<b>Effective Date:</b> October 8, 2021
<b>Authority:</b> T.C.A. § 4-3-1703, T.C.A. § 4-21-101, T.C.A. § 8-30-104; T.C.A. § 8-50-103; T.C.A. § 8-50-104; T.C.A. § 10-7-503	<b>Rule:</b> 1120-07-.02 A(5)

**Subject:**

**Investigations of Allegations of Illegal Discrimination and Harassment**

Pursuant to the Tennessee Department of Human Resources (DOHR) Rule 1120-07-.02(5), the Department of Finance and Administration (F&A) adopts the following internal procedure for investigation of allegations of illegal discrimination and harassment:

- A. The F&A Director of Human Resources or Designee (HRO) will be charged with investigating all claims of illegal discrimination and harassment.
- B. The results of such investigations will be reported to the Deputy Commissioner for Operations or designee and the F&A General Counsel or designee.
- C. When a complaint is filed, the investigator shall inform the complainant, accused, and all witnesses of (a) the State's policy concerning retaliation; and (b) the following limitations on confidentiality:

To the extent provided by law, the State will try to maintain the confidentiality of each party involved in a workplace harassment investigation, complaint, or charge, provided it does not interfere with the department's ability to investigate the allegations or take corrective actions. However, state law may prevent the state from maintaining total confidentiality of investigations. Therefore, the State does not guarantee confidentiality.

- D. The investigator will communicate information concerning the allegations only to those persons to whom the investigator is authorized to report such matters.
- E. The standardized intake/referral form, found as Attachment No. 1 to this policy, shall be completed for every allegation of illegal discrimination and harassment. Upon completion of the intake/referral form, HRO will determine what information is needed to complete the investigation and proceed accordingly with the investigation.
- F. All investigations shall include, at a minimum, an interview with the Complainant, and all persons against whom the Complaint has been made.

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- G. For every complaint of illegal discrimination and harassment, the investigator shall create an investigation memorandum which will include at a minimum: the complainant's demographic information; the date of the initiation of investigation; description of the complaint; summary of witness statements and other evidence gathered in the investigation; and conclusions concerning violation of policy.
- H. Upon the conclusion of the investigation, HRO will issue a letter to the accuser and accused to notify the parties of the outcome of the investigation.
- I. In all cases which result in disciplinary action, the records of the disciplinary action shall be maintained in the disciplined employee's human resources file as required by DOHR Rules regarding retention of disciplinary records.
- J. All documents generated by such investigations and any subsequent disciplinary action will be preserved in by HRO for five (5) years as required under RDA 5- 2963, which retention requirement may exceed the retention in the disciplined employee's human resources file.
- K. F&A reserves the ability to transfer the internal investigation process to DOHR, by agreement, for handling consistent with the processes in this policy and in DOHR Policy No. 12-008. Instances F&A HR will transfer an investigation include: 1) complaints involving employees of both F&A and other agencies; 2) investigations of executive level employees defined in DOHR Policy 12-008, or members of the F&A HR team; and 3) any complaint when HRO determines a DOHR investigation to be in the best interests of F&A.

**F&A Policy:  
Investigations of Allegations of Illegal  
Discrimination and Harassment**

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Attachment 1

**Intake/Referral Form**

**Statement Concerning Confidentiality**

Pursuant to Tennessee Code Annotated § 10-7-503(a)(2)(A), "all state ... records ... shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses.

NAME OF COMPLAINANT OR PERSON REPORTING EVENT: \_\_\_\_\_

TELEPHONE NUMBERS OF COMPLAINANT OR PERSON REPORTING EVENT: \_\_\_\_\_

POSITION OF COMPLAINANT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

PREFERRED (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

NAME OF AGENCY AND DIVISION INVOLVED: \_\_\_\_\_

NAME OF PERSON(S) WHO ALLEGEDLY DISCRIMINATED AGAINST OR HARASSED YOU, AND WHAT AGENCY THEY WORK FOR IF NOT F&A?

\_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP OF ALLEGED ACCUSER TO YOU (I.E. DIRECT SUPERVISOR, CO-WORKER):

\_\_\_\_\_

DATE OF EARLIEST OCCURRENCE OF EVENTS? \_\_\_\_\_

DATE OF LATEST OCCURRENCE OF EVENTS? \_\_\_\_\_



WERE THERE OTHER EMPLOYEES WHO WERE TREATED BETTER IN SIMILAR CIRCUMSTANCES?  
IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE PROVIDE THE NAMES OF THE  
EMPLOYEES WHO WERE TREATED BETTER AND DESCRIBE HOW THEY WERE TREATED  
BETTER:

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PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, SUPERVISORS, OTHERS) WHO MAY  
HAVE ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THIS COMPLAINT. EXPLAIN WHAT  
INFORMATION EACH CAN PROVIDE.

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WHAT EXPLANATION DO YOU THINK THE AGENCY OR ACCUSED WILL GIVE AS TO WHY YOU WERE  
TREATED IN THIS MANNER?

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PLEASE IDENTIFY ANY OTHER INFORMATION (INCLUDING DOCUMENTARY EVIDENCE SUCH AS DIARIES,  
JOURNALS, RECORDINGS, EMAILS, VOICEMAILS, CORRESPONDENCE, ETC.) THAT YOU THINK IS RELEVANT  
TO THIS MATTER.

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WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

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IF YOU HAVE TOLD ANYONE ELSE ABOUT THIS MATTER, PLEASE LIST THE NAME(S) AND RELATIONSHIP(S)  
{CO-WORKER, FAMILY MEMBER, ETC.}

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SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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IF COMPLETED BY SUPERVISOR OR AGENT OF STATE AS A RESULT OF INTERVIEWING A COMPLAINANT,  
PLEASE PROVIDE THE FOLLOWING INFORMATION:

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

DATE COMPLAINT RECEIVED: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

REASON FOR DELAY, IF ANY, BETWEEN THE DATE THE COMPLAINT WAS RECEIVED AND THE DATE THE  
FORM WAS COMPLETED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND TITLE OF PERSON TO WHOM THE FORM WAS FORWARDED FOR ACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE ON WHICH THE FORM WAS FORWARDED:

\_\_\_\_\_