

ANTI-DISCRIMINATION COMPLAINT PROCEDURE

LMHA Anti-Discrimination Complaint Processing

1. LMHA does not tolerate harassment based on race, color, religious creed, national origin, sex, disability, handicap, age, familial status, military status, ancestry, sexual orientation, marital status, or genetic information.
2. Non-LMHA residents who contact LMHA regarding any of these forms of harassment shall be encouraged to contact:
 - a. Fair Housing Center of Toledo, 419-243-6163, 1-800-248-2840 (Toll Free)
 - b. Toledo Regional Office of the Ohio Civil Rights Commission, 419-245-2900 (TTY) and 419-245-2900; 1-888-278-7101 (Toll free)
 - c. HUD's Fair Housing and Equal Opportunity Office, 1-800-669-9777 (Toll Free) and 202-708-1455(TDD); and
 - d. Law enforcement agencies.
3. LMHA residents who files a written complaint with LMHA (H.O.Form #21) regarding any of the above forms of harassment lodged against an LMHA employee shall be interviewed by the Director of Human Resources, or his/her designee, to determine the following:
 - a. What was said or done?
 - b. Who is being accused?
 - c. When did it happen?
 - d. Where did it happen?
 - e. How did it happen?
 - f. Did anyone else observe or hear it?
 - g. What did you do?
 - h. Did you confront the harasser?
 - i. What was the response?
 - j. Has this happened before? Was the same person(s) involved? How did you handle it in the past?
 - k. To your knowledge, have others had similar experiences?
4. Residents will also be asked to make a written complaint, at the LMHA on-site Management Office or at the Central Office located at 435 Nebraska Avenue, Toledo, Ohio (**HO Form #21**). The Human Resources Department may also meet with the resident at a neutral location to take the complaint, as needed.
5. Upon receipt of the written complaint, within 30 days, the LMHA Deputy Executive Director or his/her designee shall conduct and complete an investigation, if practicable.
6. Options that the LMHA may consider to alleviate the harassment are:
 - a. Disciplining an employee in accordance with LMHA's Personnel Policy and collective bargaining agreement with its Union, if it is determined that an employee committed such an act,
 - b. Evicting the resident who was the harasser,
 - c. Transferring the resident if he/she is a victim of harassment by non-LMHA residents,
 - d. Warning the resident who was the harasser,
 - e. Referring the matter to state, city and/or federal law enforcement agencies,
 - f. Referring the matter to Toledo Fair Housing Center, Toledo Regional Office of the Ohio Civil Rights Commission and/or HUD's Fair Housing and Equal Opportunity Office.

REQUEST FOR PROBLEM(S) OR COMPLAINT(S) TO BE ADDRESSED

DATE: _____

TIME: _____

RESIDENT NAME: _____

PROPERTY MANAGER: _____

ADDRESS: _____

PHONE: _____

NATURE OF PROBLEM OR COMPLAINT: _____

DATE FIRST REPORTED: _____

WHAT HAS BEEN DONE TO REMEDY THE PROBLEM TO DATE:

WHAT DO YOU FEEL SHOULD BE DONE TO RECTIFY THIS PROBLEM?

FOR OFFICE USE ONLY

DATE RECEIVED FROM RESIDENT: _____

PROBLEM/COMPLAINT ASSIGNED TO:

_____ Redevelopment and Modernization

_____ Housing Choice Voucher Programs

_____ Resident and Special Services

_____ Risk Management

_____ Occupancy

_____ Asset Management

DATE RESOLVED: _____

RESIDENT SENT FOLLOW-UP LETTER: _____

LMHA STAFF REP. COMPLETING FOLLOW-UP: _____