



COMPLAINT PROCEDURE FOR

TOWNSHIP OF MAPLE SHADE CIVIL RIGHTS POLICY

Any employee, prospective employee, appointee, volunteer or contractor who feels he or she has been subject to discrimination, harassment or has experienced a violation of their constitutional rights should report the incident directly to the Township Manager. In the event the individual filing the complaint does not feel comfortable reporting the incident to the Township Manager, the individual should feel free to report the incident to the Township Council.

Any member of the public who feels he or she has been subject to discrimination, harassment or has experienced a violation of their constitutional rights should report the incident directly to the ADA Coordinator. In the event the individual filing the complaint does not feel comfortable reporting the incident to the ADA Coordinator, the individual should feel free to report the incident to the Township Manager.

The Township Council, Township Manager or ADA Coordinator will ask the individual(s) filing the complaint to complete a Complaint Form. The form is available on the Township's website so that individuals making the complaint need not communicate with the alleged violator in the event the alleged violator would be the normal contact for such complaints. Individual(s) filing a complaint are not required to complete the complaint form to initiate a complaint under this policy. The incident can also be reported via phone or email.

The contact information for the Township Council, Township Manager or ADA Coordinator are contained in the Contact Information attached to this policy.

The Township strongly encourages employees, prospective employees, appointees, volunteers, members of the public or contractors who witness conduct which they believe violates the Township of Maple Shade's Civil Rights Policy to report the violation pursuant to this complaint procedure. The Township encourages the prompt reporting of complaints so that rapid response and appropriate action may be taken. Due to the sensitive nature of these problems, all complaints will be investigated, regardless of when they are filed.

Investigation Procedure. The Township shall conduct an investigation into the complaint to determine the merits of the allegations. The Township Council, Township Manager and ADA Coordinator may assign an objective investigator to determine the validity of any complaint. The objective investigator may include any third party deemed appropriate, including but not limited to the Township's Labor Attorney and/or Township Solicitor.

The investigation shall be completed in a reasonable time to resolve the issue and minimize the effects of such investigation on the parties involved.

If the Township determines that the complaint has merit, the accused shall face appropriate disciplinary action based upon the severity of the complaint and any prior history of past charges against the individual. Disciplinary action may include a written warning, suspension, demotion, and/or termination of employment. Any disciplinary action shall be consistent with applicable collective bargaining agreements, regulations and applicable due process safeguards.

In the event that the Township determines the complaint to be intentionally dishonest, appropriate legal action may be taken against the employee, prospective employee, appointee, volunteer, contractor or member of the public who caused the complaint to be filed.

Privacy. To the extent possible, all persons involved in a complaint will be given the utmost protection of privacy. Specifically, the Township will strive, both during and after the investigation, to maintain confidentiality to the fullest extent possible, including confidentiality of the identities of all persons involved or alleged to be involved in the incident, revealing only those particulars of the matter to the extent necessary for a thorough investigation. Any employee who unnecessarily compromises the confidentiality of an investigation will be subject to appropriate discipline.

Retaliation Prohibited. The Township ensures that no reprisals or retaliation will result from the good faith reporting of conduct which they believe violates the Township of Maple Shade's Civil Rights Policy. The filing of a complaint, in good faith, shall not, under any circumstances provide cause for discipline. Additionally, it is a violation of this policy for any personnel to retaliate against an individual because he or she filed a complaint or otherwise participated in the complaint procedure.

Legal Effect. This Policy is not intended to create any contractual rights or duties and any such intention or effect is hereby disclaimed. This policy may be amended, supplemented, modified and/or revised at any time. Any individual with questions regarding the Township of Maple Shade's Civil Rights Policy should contact the Township Manager

Training. The Township recognizes the need to reinforce its policies with effective training. Training is to be provided to all employees, appointees and volunteers. Ultimately, the goal of effective training is to build a culture in which all employees, prospective employees, appointees, volunteers, contractors or members of the public feel safe. Mandatory training will be offered at various time throughout the year to employees, appointees and volunteers, concerning their duties, responsibilities and rights pursuant to Resolution 2025-R-32. Training information will be provided by email and attendance will be monitored for compliance purposes.

Contact Information

TOWNSHIP MANAGER

Susan Danson

Telephone: (856) 779-9610

Email: twpmgr@mapleshade.com

TOWNSHIP COUNCIL

Heather Talarico, Mayor

John Zahradnick, Deputy Mayor

Charles Kauffman, Councilman

Sandy Nunes, Councilwoman

Andrew Simonsick, Councilman

*To contact via telephone, please contact the Municipal Clerk at:
(856) 779-9610, ext. 166 and leave a message for the Township Council*

ADA INTERIM COORDINATOR

Susan Danson, Township Manager

Telephone: (856) 779-9610, ext. 161

Email: twpmgr@mapleshade.com

Township of Maple Shade Civil Rights Policy Violation Complaint Form

THIS INVESTIGATION IS CONFIDENTIAL AND INFORMATION OBTAINED DURING THE COURSE OF THIS INVESTIGATION MUST NOT BE DISCLOSED

Name: _____

Department: _____

Job Title: _____

Supervisor: _____

Union Representative (*if applicable*): _____

Time Period Covered by Complaint: _____

Individuals Who Allegedly Committed Harassment:

	Name	Department	Job Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Describe the dates and the nature of the violation allegedly committed by each identified individual:

Identify all employees or others with knowledge of the incident:

Are there any documents which contain information supporting the occurrences described above?

Is there any physical evidence which supports your complaint? If so, please describe:

Have you missed any work time as a result of the alleged incident? If “yes,” identify the occasions.

Have you incurred any unreimbursed medical expenses as a result of the alleged incident?

If you previously complained about this violation, please identify the individual to whom you complained, the date of the complaint, and the resolution of your complaint:

(Attach Additional Sheets if Necessary)

Are you afraid that someone may retaliate against you because you filed this complaint? If so, please identify the person(s) and indicate the reasons why you feel the person(s) may retaliate against you.

What is your requested remedy in this complaint?

Acknowledgement:

The information provided above is true and correct.

Signature of Complainant: _____ Date: _____

To investigate your complaint, it will be necessary to interview you, the individual(s) named in the alleged incident(s), and any witnesses with knowledge of the allegations or defenses. The Township will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action up to and including termination.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence the Township deems relevant.

Signature of Complainant: _____ Date: _____

Witness Statement Form

THIS INVESTIGATION IS CONFIDENTIAL AND INFORMATION OBTAINED DURING THE COURSE OF THIS INVESTIGATION MUST NOT BE DISCLOSED

Name: _____

Department: _____

Job Title: _____

Union Representative (*if any*): _____

Length of Time Known: Complainant _____ Respondent _____

Individuals Who Allegedly committed violation:

	Name	Department	Job Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Identities of other persons with knowledge of facts relevant to this investigation:

(Attach Additional Sheets if Necessary)

Witness Statement Form (cont'd)

Please provide a detailed description of the events you witnessed. Include the date, time, location and individuals present.

Any other information which should be considered in evaluating the validity of the complaint in this case:

Acknowledgment:

I, _____, affirm that the information I have provided is true and correct. I acknowledge that the investigation is confidential and that I am not to disclose information obtained by me during the course of this investigation. I understand that unauthorized disclosures could result in disciplinary action up to and including termination.

Signature of Witness: _____ Date: _____