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## **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY/DIVERSITY PLAN COMPLAINTS AGAINST THE UNIVERSITY PRESIDENT**

### **PURPOSE**

It is the purpose of this document to present policies for complaints made against the University President. This procedure is designed to facilitate the prompt, fair and impartial investigation and disposition of complaints filed against public university presidents involving allegation of abuse of office or official misconduct. Use of these grievance procedures does not foreclose subsequent legal action or any other available legal remedies provided these procedures are followed first. Complainants may wish to obtain independent legal advice.

### **POLICY**

#### **A. INTRODUCTION**

1. The Department of Higher Education of the Commonwealth of Massachusetts is responsible, pursuant to Chapter 15A of the General Laws of the Commonwealth, for the overall governance of the public higher education system, which includes the nine State Universities. The Department of Higher Education and the Boards of Trustees of the individual State s maintain and promote a policy of non-discrimination on the basis of race, color, creed, religion, national origin, gender, age, disability, sexual orientation, gender identity, genetic information, marital status, and veteran status.
2. The nine State Universities and the Massachusetts Department of Higher Education have adopted the Massachusetts State Universities Affirmative Action/Equal Opportunity/Diversity Plan, effective July 1, 2007.
3. In accordance with Appendix 2, Section E. of this Plan:  

If a complaint is directed against a University President the functions assigned to that person by these procedures will transfer to the Chairman of the Board of Trustees or his/her designee.

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## B. PROCEDURE

1. The complainant shall file a Discrimination Complaint Form, (Exhibit A) accompanied by any pertinent supporting documentation, with the Chairman of the Board of Trustees or his/her designee. The complaint must contain as essential elements, the signature of the complainant, the date signed, the prohibited basis on which the complaint is filed, and the alleged act(s) of discrimination, discriminatory harassment and/or retaliation. The names of any witnesses and any appropriate documents should be attached to the Complaint Form.
2. A complaint shall normally be filed within (40) working days from the date upon which the complainant had knowledge or should have had knowledge of the alleged act(s) of discrimination, discriminatory harassment or retaliation, or twenty (20) days following the completion of the informal mediation process, if utilized. Where, however the act complained of is one of a continuing nature, has a continuing effect, or, in the judgment of the designated person warrants proceeding, the time limit may be reasonably extended.
3. The Chairman of the Board of Trustees will promptly consider the complaint and will, within thirty (30) working days of the filing thereof:
  - (1) Determine whether the complaint has been filed in accordance with the provisions of these procedures;
  - (2) Determine whether the complaint alleges discrimination or discriminatory harassment on the basis of race, color, creed, religion, national origin, gender, sexual orientation, gender identity, age, disability, veteran status, marital status, or genetic information or alleges retaliation;
  - (3) Investigate the complaint by taking, at a minimum, the following steps:
    - (a) providing a copy of the formal complaint to the person accused;
    - (b) requesting and considering the response of the person accused;
    - (c) reviewing relevant documents and, at the discretion of the

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designated officer, interviewing of the persons identified by either party as ones having information pertinent to the allegations;

- (d) collecting further evidence relevant to the investigation;
- (e) presenting the evidence to each party and considering any rebuttal; and
- (f) such other steps as the designated officer believes are necessary.

## **REVIEW**

This document will be reviewed annually by the Assistant VP, Human Resources and Affirmative Action.

Complaint Form attached

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## DISCRIMINATION COMPLAINT FORM

NAME OF COMPLAINANT: \_\_\_\_\_

PLACE WHERE YOU MAY BE CONTACTED:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

DATES OF ALLEGED DISCRIMINATORY ACT: \_\_\_\_\_

ALLEGED DISCRIMINATOR: \_\_\_\_\_

**NATURE OF COMPLAINT AND RELIEF DESIRED:** Include all events, places and persons that you feel are involved with this complaint. (Use additional pages if necessary)

The above information is complete and accurate to the best of my knowledge and belief and I hereby elect to use the procedures outlined in the *Discrimination Complaint Procedures*. I (do) (do not) authorize the use of my name in the investigation and resolution of this claim/complaint and the disclosure of this document to appropriate administrators and any or all persons named above, including their representatives.

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_