



Town of Salem, Nh Anti-Discrimination Policy

Policy

No person shall, on the ground of any protected classification, including but not limited to race, creed, color, national origin, age, religion, sex, sexual orientation, gender identity, or marital status be excluded from participation in, be denied the benefits of, or be subjected to illegal discrimination under any program or activity, including those funded or provided by the Town, and those receiving Federal/State financial assistance. Illegal discrimination based on disability is also prohibited.

Individuals with disabilities may request reasonable accommodation to access services, programs, and benefits, and all such requests will be given fair consideration and addressed in accordance with applicable Federal and State law.

Any person who requires additional information concerning this notice or believes that they have been subjected to discrimination and would like to file a complaint should provide written notice to:

Town of Salem
HR Director
33 Geremonty Drive
Salem, NH 03079

Procedure

Complaints may be filed with the Town using the attached Complaint Form or made verbally in the Human Resources Department with the HR Director and/or their designee.

Complaints must be received within 180 days from the date when the stated discrimination occurred. All complaints are reviewed by, and if required, investigated by the Town. Upon receipt of the complaint, the filer will be informed that an investigation of the complaint will be conducted, and if appropriate what corrective action will be taken. Following the complaint investigation, the filer will be notified in writing of the results. An appeal of the decision may be made by notifying the office of the Town Manager in writing within thirty (30) days of the decision.



Town of Salem, NH Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist in processing your complaint. Should you require any assistance in the completion of this form, please contact the HR Director by calling 603-890-2070 and/or emailing: hr@salemnh.gov.

Complainants' Name: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: Home: _____ Cell: _____
Business: _____

The name of the person discriminated against (*if someone other than the complainant*)

Name: _____ Address: _____

City, State, and Zip Code: _____

Please describe the reason(s) you believe you were subjected to discrimination, indicating the protected classification that was the target or focus of the discriminatory acts.

[illegible]

Complainant's signature: _____ Date: _____