

## **Nondiscrimination/Equal Opportunity Policy**

Isabelle Hunt Memorial Public Library  
P.O. Box 229 • Pine, Arizona 85544  
Phone: (928) 476-3678 • Fax: (928) 476-2914  
<http://pinelibrary.inpayson.com>

The Board of Trustees of the Isabelle Hunt Memorial Public Library is committed to a policy of nondiscrimination in relation to race, color, religion, sex, age, national origin and disability. This policy will prevail in all matters concerning staff members, the public and individuals with whom the library does business.

### **Compliance Officer**

The Library Manager shall be the compliance officer. Any person who feels unlawfully discriminated against or to have been the victim of unlawful discrimination by an agent or employee of the library or who knows of such discrimination against another person should file a complaint with the Library Manager. If the Library Manager is the one alleged to have unlawfully discriminated, the complaint shall be filed with the President of the Board of Trustees.

### **Compliance Procedure**

The library is committed to investigating each complaint and to taking appropriate action on all confirmed violations of policy. The Library Manager shall investigate and document complaints filed pursuant to this policy as soon as reasonable. In investigating the complaint, the Library Manager will maintain confidentiality to the extent reasonably possible. The Library Manager shall also investigate incidents of policy violation that are raised by the Board of Trustees, even though no complaint has been made.

If after the initial investigation the Library Manager has reason to believe that a violation of policy has occurred, the Library Manager shall bring the matter before the Board of Trustees.

If the Library Manager's investigation reveals no reasonable cause to believe policy has been violated, the Library Manager shall so inform the complaining party in writing. A copy will also be forwarded to the Board of Trustees.

Board Approved October 18, 2007

**Nondiscrimination/Equal Opportunity  
Complaint Form**  
(To be filed with the Library Manager)

**Please print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

During the hours of \_\_\_\_\_

E-mail address \_\_\_\_\_

**I wish to complain against:**

Name of person, program or activity \_\_\_\_\_

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

Address \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident and any attempts you have made to solve the problem. Be sure to note relevant dates, times and places.

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

Date of the action against which you are complaining: \_\_\_\_\_

If there is anyone who could provide more information regarding this, please list name(s), address(es) and telephone number(s).

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Nondiscrimination/Equal Opportunity  
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**The projected solution**

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

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I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

The Library Manager shall give one (1) copy to the complainant and shall retain one (1) copy for the file.

Board Approved October 18, 2007