



Governor John Kasich

OHIO
CIVIL
RIGHTS
COMMISSION

G. Michael Payton
Executive Director

Commissioners
Leonard Hubert, *Chairman*
Lori Barreras
Juan Cespedes
William W. Patmon III
Mahdu Singh

COLUMBUS
REGIONAL
OFFICE

Rhodes State Office
Building
30 East Broad St., 4th
Floor
Columbus, OH 43215
(614) 466-5928 Phone
(888) 278-7101 Toll Free
(614) 466-6250 Fax
www.crc.ohio.gov

Re: [REDACTED]

This is an official notification that you have been named as a Respondent in the above-cited case. The discrimination charge was officially filed with the Ohio Civil Rights Commission (Commission), pursuant to Ohio Revised Code Chapter 4112. As required by law, a copy of the charge is enclosed.

There are two options for processing the above referenced charge. You may elect either *Option A—Mediation*, or *Option B—Investigation*.

Option A: Mediation

The mediation program implemented by the Commission is aimed at helping parties resolve their disputes without a full investigation by the Commission or costly and time-consuming litigation.

Mediation brings disputing parties together in an effort to resolve their complaint through communication and problem solving. The goal is to provide a “win-win” resolution. The mediation process is confidential. If you participate in the mediation process, any communication made during the mediation session cannot be used in any other civil or administrative proceeding. There will be no taped recording of the proceeding and any notes taken by the mediator will be destroyed. The parties and the mediator will not disclose information regarding the process unless all parties to the mediation and the mediator expressly consent to disclosure. If the mediation is successful, it results in a binding settlement between the parties.

Participation in the program is voluntary. Should the parties choose to participate, the Commission will not take any further action in this matter pending completion of the mediation process. If an agreement is reached with the complaining party, the Commission will close its file regarding this charge. **Should an agreement not be reached, a fully documented position statement will be due within two weeks of the date of impasse.** Participation may thus avoid investigation by the Commission or substantial expenses involved in possible litigation and damages.

If you would like to take part in this mediation process, please fax the enclosed mediation request form to the Mediator, [REDACTED] within two weeks from the date of this letter. Should you have any questions with regard to the mediation please contact [REDACTED]

Should you elect not to participate in the mediation program or fail to respond within two weeks, the Regional Office will continue with the investigation of this case.

Option B: Investigation

You must file an answer (position statement) to the enclosed charge within two weeks from the date of this letter. In your answer, you may assert any defense which might be available in a court of law. Your response must address all the allegations raised in the enclosed charge of discrimination and include supporting documentation. You are required to provide the information requested in the enclosed request for information. Upon receipt of this information, the investigator may submit a request for additional information.

Please be advised that failure to address the request for documentation will result in a subpoena being issued for this information.

The purpose of the investigation is to determine whether probable cause exists to believe discrimination occurred or is about to occur. If it is so determined, you will be notified pursuant to section 4112.05 of the Ohio Revised Code. The Commission will endeavor to eliminate the practice by informal methods of conference, conciliation, and persuasion. If the Commission fails to effect the elimination of an unlawful discriminatory practice by informal methods, the Commission will issue and cause to be served a complaint stating the charges involved and containing a notice of an opportunity for a hearing. Should a hearing be held, the Commission may adopt the findings and recommendations of the Administrative Law Judge and grant appropriate relief.

Be advised that it is unlawful for any person to discriminate in any manner against any other person because that person has opposed any unlawful discriminatory practice defined in Ohio Revised Code Chapter 4112, or because that person has made a charge, testified, assisted, or participated in any manner in any investigation, proceeding, or hearing under sections 4112.01 to 4112.07 of the Ohio Revised Code.

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If you have any questions regarding the investigation, I can be reached at:

[REDACTED]
Ohio Civil Rights Commission, Columbus Regional Office
Rhodes State Office Building
30 East Broad St., 4th Floor
Columbus, OH 43215
[REDACTED]
(614) 466-6250 (Fax)
[REDACTED]

The Ohio Civil Rights Commission's office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

FOR THE COMMISSION

[REDACTED]
Civil Rights Investigator

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See Privacy Act Statement before completing this form.

AGENCY

- ☒ FEPA
☒ EEOC

CHARGE NUMBER**Ohio Civil Rights Commission and Equal Employment Opportunity Commission**

NAME

HOME TELEPHONE (Include Area Code)

STREET ADDRESS

CITY

STATE ZIP

DATE OF BIRTH

NAMED BELOW IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME.

NAME

NO. OF EMPLOYEES,
MEMBERS

TELEPHONE (Include Area Code)

+4 -15

STREET ADDRESS

CITY

STATE ZIP

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

- ☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☒ RETALIATION
☐ AGE ☒ DISABILITY ☐ OTHER (Specify) _____

DATE DISCRIMINATION TOOK PLACE
EARLIEST (ADEA/EPA) LATEST (ALL)☒ Continuing Action

THE PARTICULARS ARE (IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEET(S))

Check box if either or both of the following are applicable:

☒ (Disability Only) I SUFFER FROM

I AM A QUALIFIED DISABLED PERSON AS DEFINED BY SECTION 4112.01(A)(13) OF THE OHIO REVISED CODE. I CAN SAFELY AND SUBSTANTIALLY PERFORM THE JOB DUTIES IN QUESTION.

☐ (Age Only) I HAVE NOT COMMENCED ANY ACTION UNDER SECTIONS 4101.17 OR 4112.02 (N) OF THE REVISED CODE WITH RESPECT TO THE SUBJECT MATTER OF THIS AFFIDAVIT. I UNDERSTAND THAT UPON THE FILING OF THIS CHARGE AFFIDAVIT WITH THE OHIO CIVIL RIGHTS COMMISSION, I AM BARRED FROM INSTITUTING ANY SUCH CIVIL ACTION AND THAT ANY MONETARY AWARD OR FINANCIAL BENEFIT I MAY RECEIVE MAY BE LIMITED TO BACK PAY AND/OR RESTORATION OF EMPLOYMENT FRINGE BENEFITS AND MAY NOT INCLUDE OTHER DAMAGES I MAY BECOME ENTITLED TO AS A RESULT OF SUCH CIVIL ACTION.

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I WILL ADVISE THE AGENCIES IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER AND I WILL COOPERATE FULLY WITH THEM IN THE PROCESSING OF MY CHARGE IN ACCORDANCE WITH THEIR PROCEDURE.

NOTARY OR OHIO CIVIL RIGHTS COMMISSION REPRESENTATIVE

Subscribed and sworn to before me on this _____ day of _____

(X)

Charging Party Signature

Date

Signature

Ohio Civil Rights Commission and EEOC
Charge Of Discrimination

Page: 2

RE: [REDACTED]

[REDACTED]

[REDACTED] was amended and perfected on [REDACTED] to include new harm allegations and correct Respondent's legal business name.

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I WILL ADVISE THE AGENCY(IES) IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER AND I WILL COOPERATE FULLY WITH THEM IN THE PROCESSING OF MY CHARGE IN ACCORDANCE WITH THEIR PROCEDURES.

(X)

[REDACTED]
Charging Party Signature

[REDACTED]
Date

NOTARY OR OHIO CIVIL RIGHTS COMMISSION REPRESENTATIVE

Subscribed and sworn to before me on this [REDACTED] day of [REDACTED], [REDACTED].

[REDACTED]
Signature

OHIO CIVIL RIGHTS COMMISSION

EEOC DUAL FILING NOTICE

The Ohio Civil Rights Commission (Commission), an agency of the State of Ohio, and the U.S. Equal Employment Opportunity Commission (EEOC), an agency of the United States government, are cooperating to give charges of discrimination a rapid and complete investigation.

You are hereby notified that this charge of employment discrimination was filed under the following Federal statute:

Age Discrimination Employment Act

Title VII of the Civil Rights Act of 1964

X Title I of the Americans with Disabilities Act

The attached charge will be investigated by either the Commission or EEOC. When one agency completes its investigation, it will share the information it has gathered with the other agency. When the case is resolved it will be considered closed with both EEOC and the Commission and you will be notified of the actions taken.

EEOC may be contacted at the following address:

U. S. Equal Employment Opportunity Commission
Indianapolis District Office
Jeremy Sells, State and Local Program Manager
101 West Ohio St, Suite 1900
Indianapolis, IN 46204
317-226-7221

REQUEST FOR INFORMATION

This request is in response to the enclosed charge alleging an act of discrimination in violation of Ohio Revised Code 4112.02. Please provide the following documentation and answers in writing and e-mail correspondence [REDACTED]:

1. Provide a position statement which thoroughly addresses each allegation in the Charging Party's charge affidavit, with supporting documentation and affidavits from the decision maker.
2. State the Respondent's correct legal name.
3. State the name, address, telephone number and email address of the person designated to represent Respondent in this matter.
4. Provide a copy of the application for employment currently being used by Respondent.
5. Complete the attached OCRC-53 form or provide Respondent's most recent EEO-1 report.
6. Complete the attached written verification of the Fair Employment Practices (FEP) notice. If you do not have an FEP poster, a current version of the Fair Employment Practice poster can be located on our website at www.crc.ohio.gov.
7. Provide Charging Party's entire personnel file to include, but not limited to: disciplinary record (i.e. *counselings, written reprimands, performance improvement plans, etc.*) within last two (2) year or less; work performance evaluation(s) within last two (2) year or less; any approved sick leave, short term disability leave and/or FMLA leave requests within the last two (2) years or less; any reports or complaints from Charging Party concerning discrimination on the basis of disability or any other protected basis; application for employment; résumé; job description and job duties for most recent position with Respondent [REDACTED]; copy(ies) of any career development/transition training completed by Charging Party within the last two (2) years or less; and letter of resignation received from Charging Party.
8. Provide comparative data for other similarly-situated employees [REDACTED] include, but not limited to, the following information/documents: (1) employee's name; (2) employee's job title; (3) employee's tenure (i.e. *years employed with Respondent*); (4) employee's job duties and responsibilities; and (5) employee's application for employment.
9. Provide list of all employees employed within the last two (2) years at Respondent's location to include, but not limited to, the following information: (1) employee's name; (2) employee's job position/title; (3) employee's tenure; (4) employee's job duties and responsibilities; and (5) employee's application for employment.

10. Provide copies of all staff meeting notes within the last two (2) years from the current date [REDACTED].
11. Provide copy of Respondent's policies to include, but not limited to, the following: (1) anti-discrimination regarding an employee's disability, and anti-retaliation policy for any employee that reports/denounces/complains of discrimination; (2) annual training classes and/or training provided to employees that cover anti-discrimination in the workplace; and (3) copy of reasonable accommodation policy for employee's with disability(ies).
12. Provide details and process/procedure regarding Respondent's practice(s) for addressing workplace discrimination and answer the following: (1) how does Respondent investigate allegations of discrimination (i.e. *witness statements/accounts*); (2) are all employees required to cooperate in an internal investigation; (3) who primarily conducts an investigation and makes the final determination of its findings; and (4) if the allegations are substantiated, what is/are the corrective action(s) that the employer will take in order to address the allegations of discrimination.
13. Provide a copy of Respondent's EEO, progressive disciplinary, and transfer policies.
14. Provide notarized affidavit from the following individuals OR contact me to schedule individual interviews with the following individuals either by telephone and/or in person in order to fully and thoroughly address the allegations contained within the charge affidavit provided: (1)
15. Please specifically answer the following questions: [REDACTED]

Please be advised that this request is not exhaustive. As the investigation proceeds, additional information may be required.

You are requested to respond to our office within two weeks from the date of this request. If you need additional information on this matter, please contact:

[REDACTED]
Ohio Civil Rights Commission, Columbus Regional Office
Rhodes State Office Tower
30 East Broad St., 4th Floor
Columbus, OH 43215

[REDACTED]
614-466-6250 (Fax)
[REDACTED]



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HIGHLIGHTS OF THE MEDIATION PROGRAM

What is mediation?

Mediation is the process for resolving complaints on a voluntary basis in a confidential forum.

Mediation allows for better customer service as it helps parties resolve their disputes without a full Investigation thus saving resources and time.

The Mediator is a neutral third party who works with the Charging Party and the Respondent (Employer, Landlord, etc.) to make communication easier so they can talk and resolve their dispute.

What is the mediation process?

Each party will have a full and fair opportunity to discuss their position.

The Mediator may ask questions to gain a better understanding of the dispute.

Once each side has had the opportunity to speak, the Mediator will meet separately with each party to privately examine the basic interests of the parties.

The Mediator may work back and forth between the parties to find common interests and help construct a resolution.

Benefits of Mediation

- Cost efficient
- Cost saving for the taxpayers
- Less time consuming (faster resolution)
- Informal
- Confidential
- No need for lengthy preparation
- Reduces emotional stress
- Presence of a neutral third party (Mediator)
- Process allows the parties to reach their own solutions
- Can preserve relationships/avoid ill-will of adversarial administrative process
- No publicity
- Avoid on-site investigations
- Forum for open communication
- Win-win (3 out of every 4 cases are resolved in mediation)

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AJS

MEDIATION REQUEST

5/2/2016

Respond by: [REDACTED]

Attn: [REDACTED]
Ohio Civil Rights Commission
30 East Broad St., 4th Floor
Columbus, OH 43215

Direct Dial: [REDACTED]
Facsimile: 614-466-6250
Email: [REDACTED]

RE: [REDACTED]

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I represent the Respondent in this matter. I have been advised of the Ohio Civil Rights Commission's Mediation Program.

_____ The Respondent declines mediation.

_____ The Respondent accepts referral of this charge to mediation. I understand that a mediator will contact me shortly to schedule the mediation. During the next 21 days I am available on one of the following 3 dates:

1. _____ 2. _____ 3. _____

My contact information is below:

Name (please print) Phone Number

Address

Email Address Date

As a party to the above referenced case, you are permitted to have an attorney or other representative represent you during the mediation. Please list the name and phone number of your representative below.

Name (please print) Phone Number

Address

Email Address

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FAIR EMPLOYMENT PRACTICE VERIFICATION



OHIO CIVIL RIGHTS COMMISSION

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I, _____, verify the Fair
Employment Practice poster is displayed in the following specific area:

Respondent's Signature: _____

Printed Name: _____

Position: _____

Date: _____

A current version of the Fair Employment Practice poster can be located on our
website at www.crc.ohio.gov.

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To our valued customers:

OHIO CIVIL RIGHTS COMMISSION

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In our efforts to better serve our customers and our desire to be the very best agency in the country, we welcome any praise, comments and concerns you may have.

If you would like to express a compliment or if a concern, question or problem has not been promptly and adequately addressed by your investigator or the regional management, we want to know.

Your inquiries should be addressed to:

[REDACTED]
Ohio Civil Rights Commission
30 East Broad Street, 5th Floor
Columbus, Ohio 43215-3414

Local Number [REDACTED]
Toll Free Number [REDACTED]
[REDACTED]

For the Commission,

[REDACTED]

[REDACTED]
Client Services

COLUMBUS
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Rhodes State Office
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Columbus, OH 43215
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