

September 28, 2012

# LOS ANGELES FIRE DEPARTMENT



BRIAN L. CUMMINGS  
FIRE CHIEF

BOARD OF FIRE COMMISSIONERS  
FILE NO. 12-146

TO: Board of Fire Commissioners

FROM: Brian L. Cummings, Fire Chief

SUBJECT: UPDATES TO THE DISCRIMINATION PREVENTION POLICY HANDBOOK

FOR INFORMATION ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

## For Information Only

The Professional Standards Division (PSD) is nearing the completion of its recommended revisions of and inclusions in the Discrimination Prevention Policy Handbook (DPPH). Although it appears that the majority of the narrative contained in the 2008 version remains unchanged for 2012, significant reorganization and inclusions have been completed. This is especially true for the Supervisory Guides located in Appendices A, B, and C.

Some of the more significant recommended changes to be considered by the Fire Commissioners will include:

### "Employee" Versus "Member"

Committing to the more appropriate term for use throughout the DPPH

### Statutes of Limitation

The inclusion of an explanation relative to the statutes of limitations applicable to uniformed members

### Formal and Informal Complaints

The elimination of the classifications of formal and informal complaints

Board of Fire Commissioners

Date

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*Complaint Intake by Fire Commission Staff*

The elimination of the Fire Commission staff as an internal procedure for the verbal filing of complaints, due to lack of Fire Commission staff to perform this task

*Informal Complaint Fact Sheet (Attachment 1)*

Elimination recommended based on lack of use and potential conflict with the Complaint Tracking System

*Discrimination Complaint Intake Form (Attachment 2)*

Elimination recommended based on lack of use and potential conflict with the Complaint Tracking System

*Discrimination/Harassment Complaint Intake Worksheet (Attachment 3)*

Inclusion recommended for facilitating the collection of information required for the completion of the Complaint Tracking System entry

Board report prepared by the Professional Standards Division.

Attachments

# LOS ANGELES FIRE DEPARTMENT INFORMAL COMPLAINT FACT SHEET

☐ Walk In ☐ Phone In

Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

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

Work Address (Station or Unit): \_\_\_\_\_

Battalion or Section: \_\_\_\_\_

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

OK to Call: \_\_\_\_\_

Yes / No

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

OK to Call: \_\_\_\_\_

Yes / No

Class Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Status: ☐ Regular/Fulltime ☐ Part Time ☐ Exempt ☐ Emergency ☐ Probation ☐ Terminated  
☐ Limited ☐ Candidate for Employment ☐ Other: \_\_\_\_\_

Nature or Complaint: \_\_\_\_\_

Action Taken By LAFD Staff: \_\_\_\_\_

Taken By: \_\_\_\_\_

Referred By: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

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

**LOS ANGELES FIRE DEPARTMENT  
DISCRIMINATION COMPLAINT INTAKE FORM**

**A. GENERAL INFORMATION**

Date of Intake:

Name:	Telephone:	Is it okay to call? Yes / No
Address:	Pager or Message #(s):	Is it okay to call? Yes / No
		Yes / No
Job Title / Class:	Employee#:	
Station or Unit:	Work Phone:	Is it okay to call? Yes / No
Representative (Optional):	Organization:	

**B. BASIS(ES) FOR ALLEGED ACT(S) OF DISCRIMINATION**

- ☐ Race      ☐ Color      ☐ Creed/Religion      ☐ National Origin      ☐ Sexual Orientation  
☐ Age      ☐ Disability      ☐ Marital Status      ☐ Ancestry      ☐ Sexual Harassment  
☐ Sex      ☐ Medical Condition (Cancer)      ☐ AIDS (afflicted or perceived)  
☐ Retaliation from having filed, or served as a witness in a discrimination complaint.

**C. Battalion(s) or Section(s) Involved:**

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**D. Allegation(s): State how you were affected by specific acts, why you believe the acts were the result of discrimination, the date of each occurrence, and the name(s) of any witnesses to the alleged act(s) of discrimination.**

Date(s) of Occurrence:

Witness(es) (Optional):

Allegation(s):

Date(s) of Occurrence:

Witness(es) (Optional):

Allegation(s):

Date(s) of Occurrence:

Witness(es) (Optional):

Allegation(s):

Date(s) of Occurrence:

Witness(es) (Optional):

Allegation(s):

RECOMMENDED ELIMINATION

Date(s) of Occurrence:

Witness(es) (Optional):

Allegation(s):

**E. List any additional witnesses you believe should be interviewed. – Why?**

1.

2.

3.

4.

**F. Remedy Sought:**

ANALYST

COMPLAINANT

DATE FORM COMPLETED

**DRAFT**

**LOS ANGELES FIRE DEPARTMENT  
DISCRIMINATION/HARASSMENT COMPLAINT INTAKE WORKSHEET**

**DATE OF INTAKE:**

Name:	Telephone:	Is it okay to call?
		Yes / No
Address:	Pager or Message #(s):	Is it okay to call?
		Yes / No
		Yes / No
Job Title / Class:	Employee#:	
Station or Unit:	Work Phone:	Is it okay to call?
		Yes / No

☐ Check if complainant is non-employee

Date and Time of Incident:

Incident Number:

Location/Address of Incident:

Description of Incident:

DRAFT

DISCRIMINATION /HARASSMENT COMPLAINT INTAKE WORKSHEET – PAGE 2

Description of Incident (cont.):

**BASIS FOR ALLEGED ACT OF DISCRIMINATION/HARASSMENT**

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="radio"/> Race   | <input type="radio"/> Color             | <input type="radio"/> Religion                     | <input type="radio"/> National Origin   | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> Age  | <input type="radio"/> Disability        | <input type="radio"/> Marital Status               | <input type="radio"/> Ancestry  | <input type="radio"/> Creed              |
| <input type="radio"/> Sex (including sexual harassment, gender identity and expression and transgender status) | <input type="radio"/> Medical Condition | <input type="radio"/> AIDS (acquired or perceived) | <input type="radio"/> Retaliation for having filed a discrimination complaint, or participating in a protected activity | <input type="radio"/> Hazing             |

Complainant's Proposed Remedy:

**ALLEGED SUBJECT MEMBER(S)**

NAME	RANK	ASSIGNMENT

**WITNESS(ES)**

NAME	RANK/TITLE	ASSIGNMENT/CONTACT NUMBER