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# AFFIRMATIVE ACTION PLAN

MINNESOTA BOARD OF MEDICAL PRACTICE  
2829 UNIVERSITY AVENUE SE  
SUITE 400  
MINNEAPOLIS, MN 55414-3246



## STATEMENT OF COMMITMENT


The Minnesota Board of Medical Practice is committed to the State of Minnesota's Equal Employment Opportunity Policies and Statewide Affirmative Action for its employees and the public it serves. I affirm my personal and official support of these policies, which provide:

- That all employees and potential employees are to be treated equally and that all personnel actions are to be carried out without regard to race, religion, creed, color age, national origin, sex, sexual orientation, disability, marital, membership or activity in a local commission, or public assistance status.
- That the Board will further strive to ensure equal access and opportunity in the services it provides to the public.
- That the Board will continue to actively promote a program of affirmative action whenever minorities, women and persons with disabilities are underrepresented in the workforce.

I will be held accountable for ensuring that Affirmative Action Programs are implemented since I am the individual who can ultimately make the most impact on this program.

In order to administer the plan most effectively, I have delegated this responsibility to the Affirmative Action Designee, Lois Kauppila, who will act as the Board's Affirmative Action Officer, and who will be responsible for monitoring the day-to-day activities of the program.

Anyone interested in reviewing the Board's Affirmative Action Plan or who has concerns about affirmative action or equal opportunity issues may contact our Affirmative Action Officer or me. A copy of the plan will be located on the Board's official bulletin board.



Robert A. Leach, Executive Director



Date

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ST. PAUL, MN 55155



## **INTERNAL DISCRIMINATION COMPLAINT PROCEDURE**

The Minnesota Board of Medical Practice has established the following discrimination complaint procedure to be used by all employees, applicants, or eligibles. Coercion, reprisal, or intimidation against anyone filing a complaint or serving as a witness under this procedure is prohibited.

### **Responsibility of Employees**

All employees shall respond promptly to any and all requests by the Affirmative Action Officer/Designee (AAO) for information and for access to data and records for the purpose of enabling the AAO to carry out responsibilities under this complaint procedure. The failure of any employee to comply with the requests of the AAO shall be reported to the Executive Director.

### **Who May File**

Any employee, applicant, or eligible of the Board of Medical Practice who believes that he/she has been discriminated against by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, age or political affiliation may file a complaint. Employees who are terminated must file their internal complaint prior to their actual separation.

### **The Complaint Procedure**

The complaint procedure provides two avenues for resolution of discrimination complaints. The informal procedure provides an opportunity for anyone who believes that they have been harassed or discriminated against to discuss the situation immediately with the AAO or Executive Director to ask for advice or to seek an informal resolution, or if the complainant prefers to bypass the informal process, the formal procedure is used. In the case of a sexual harassment complaint, only the formal process may be used.

### **Informal Procedures**

Employees, applicants, or eligibles must present their complaint to the Affirmative Action Officer designee in an effort to reach an informal resolution. The AAO must give the complainant an oral or written answer within a timely manner in an effort to resolve the complaint. If the employee feels uncomfortable discussing the matter with the AAO, or the complaint is against the AAO, the employee may present the complaint to the Executive Director, who will attempt to resolve the matter informally. Employees also have the right to participate in the statewide Workplace Mediation Project, administered by the Office of Dispute Resolution at the Bureau of Mediation Services.



## Formal Filing Procedures

1. The employee, applicant, or eligible completes the "Complaint of Discrimination Form" provided by the AAO. Employees should file the formal complaint within 30 days of the occurrence of the event giving rise to the complaint. The AAO will, if requested, provide assistance in filling out the form.
2. The AAO determines if the complaint falls under the purview of Equal Employment Opportunity law, i.e., the complainant is alleging discrimination or harassment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, age, or political affiliation. The AAO shall also discuss other options for resolution, such as the Workplace Mediation Pilot Project.
  - a. If it is determined that the complaint **is not** related to discrimination but rather to general personnel concerns, the AAO within ten (10) working days will inform the complainant.
  - b. If the complaint **is** related to discrimination, the AAO will contact all parties named as respondents and outline the basic facts of the complaint. The respondents will be asked to provide a response to the allegations within a specific period of time.
3. The AAO shall investigate the complaint and provide a written answer within sixty (60) days after the formal complaint is filed. The complainant will be notified should extenuating circumstances prevent completion of the investigation within sixty (60) days.
4. All data collected may at some point become evidence in civil or criminal legal proceedings against the respondent pursuant to state or federal statutes. A thorough investigation may include, but not be limited to, the following types of data:
  - a. Interviews or written interrogatories with all parties involved in the complaint; complainant, respondent, their respective witnesses, officials having pertinent records or files, etc.
  - b. All records pertaining to the case i.e., written, recorded, filmed, or in any other form.





5. At the conclusion of the investigation, the AAO shall review the findings of the investigation and, if sufficient evidence substantiates the complaint, appropriate action will be taken. The complainant(s) and respondent(s) will be notified of the completion of the complaint investigation. Any other information released regarding the investigation will be pursuant to the Minnesota Government Data Practices Act.
6. If the AAO believes insufficient evidence exists to support the complaint, a letter will be sent to the complainant, the respondent(s) dismissing the complaint.
7. Dispensation of the complaint will be filed with the Commissioner of the Department of Employee Relations within thirty (30) days of final determination.
8. The AAO shall maintain records of all complaints and any pertinent information or date for three (3) years after the case is closed.
9. All Documentation associated with the complaint shall be considered investigative data under the Minnesota Government Data Practices Act. The status of the complaint will be shared with the complainant(s) and respondent(s). After an investigation is completed and all appeals are exhausted, all documentation is subject to the provisions of the Minnesota Government Data Practices Act.



## **OBJECTIVE TO HIRE AND RETAIN PROTECTED GROUP MEMBERS**

When the Board of Medical Practice has a vacancy and is underrepresented for females, minorities, or persons with disabilities, the Board will make an effort to recruit protected group members. It must be noted that with a small staff, it is difficult to maintain a well-balanced workforce. Nonetheless, when the Board has a vacancy, the Board will make an effort to recruit protected group members.

The Board may request that the Staffing Division of the Department of Employee Relations approve expansion of the eligible list to include protected group members, so that the Board may have the opportunity to hire affirmatively.

The Board will make every effort possible to retain protected group staff members, along with non-protected group staff members.

## **SUPPORTED WORK**

The Board will review vacant positions and assess the current workload and needs of the office to determine if job tasks might be performed by a supported employment worker(s). If appropriate, a list of supported worker candidates will be requested from DOER. The Board will work with the State ADA/Disability Coordinator to recruit and hire individuals for supported employment if such a position is created.



## REASONABLE ACCOMMODATION POLICY

The Board of Medical Practice is committed to encouraging the employment of persons with disabilities. The Board will make reasonable accommodations to the physical or mental limitations of a qualified disabled applicant, current employee, or employee seeking a promotion unless the accommodation would impose an undue hardship on the Board.

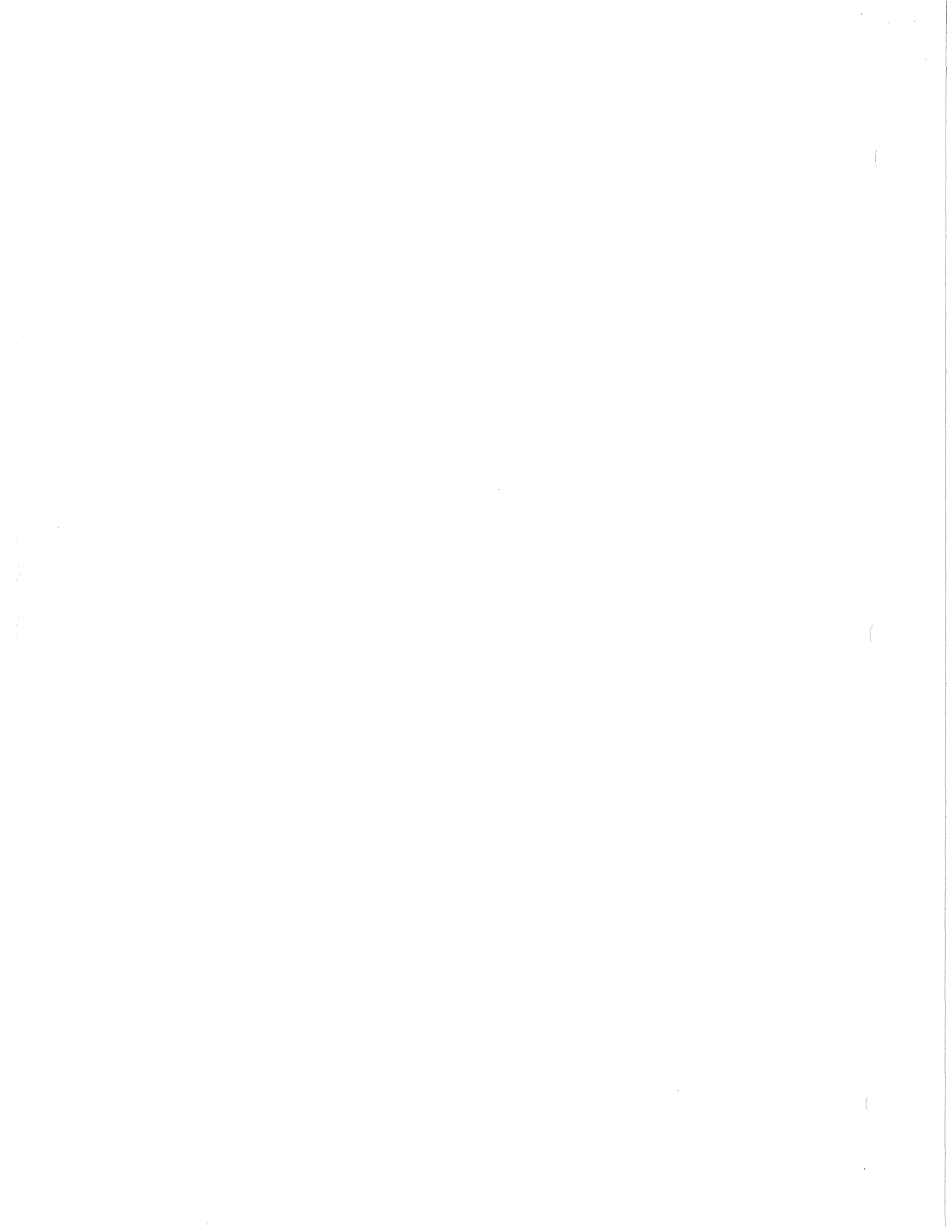
Accommodations will be provided to qualified individuals, whether an employee or job applicant, when such accommodations are directly related to performing a job or completing a job. Accommodations will not be provided for non job-related personal needs, such as transportation to and from work.

An individual with a disability is defined as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities;
- A person who has a record of such impairment; or
- A person who is regarded as having such an impairment.

### **Examples of Reasonable Accommodation May Include, But Are Not Limited To:**

1. Modification of equipment or assistive devices. Purchase of, or modification to existing equipment such as special telephone equipment, talking calculators, one-handed typewriters, and/or specifically designed desk and files.
2. Job site modifications. Modifications may include adjustments to equipment height, addition of electrical outlets, relocation of job site to an accessible area, special parking facilities or other types of similar modifications.
3. Job restructuring. This may include modification of work hours and/or changing job duties while retaining the basic job functions.
4. Support service. Services such as interpreters for individuals with hearing impairments, readers for the blind, or special attendants.
5. Reassignment to a vacant position of equal status when possible and appropriate.



## **Requests for Reasonable Accommodations for Employees**

The steps to request a reasonable accommodation are:

1. The supervisor and the individual with the disability discuss the need for the accommodation and discuss alternatives such as job restructuring, job site modification and accessible devices.
2. The supervisor must inform the Affirmative Action Officer of the request and submit a Request for Accommodation form (copy can be obtained from AAO.) The request will include a justification for the request, including a statement of the limitations, the suggested accommodation, approximate cost, and any other pertinent information. The AAO will assist the supervisor by providing the necessary resources and information.
3. The AAO, if necessary, will obtain documentation of the individual's functional limitations to determine eligibility under the ADA.
4. Upon approval, the supervisor will forward the request form and supporting information to the AAO within seven working days after receiving the request.
5. The Affirmative Action Officer will review the request and assist the supervisor in making the accommodation. If the accommodation will cost a significant amount of money (an amount already determined by the Executive Director), the AAO will forward it along with her recommendation to the Executive Director within three working days.
6. The decision is provided in writing to the supervisor and employee within five working days after the determination is made by the Executive Director.
7. The Affirmative Action Officer will maintain all documents pertaining to the accommodation.

## **Funding for Reasonable Accommodation**

Funding will be provided for reasonable accommodations. The expenditure of funds for the accommodations over the amount determined to be significant must be approved by the Executive Director. When determining whether or not to make the accommodation without imposing undue hardship on the Board, the following factors must be considered:

- The size of the Board's budget.
- The nature and cost of the accommodation.





- The ability to finance the accommodation in relationship to the site(s) where there may be a need.
- Documented good faith effort to explore a less restrictive or less expensive alternative.

### **Request for Reasonable Accommodations for Job Applicants**

1. All initial communication between a job applicant and the supervisor regarding a position at the Board shall indicate the willingness of the Board to make a reasonable accommodation upon request, prior to the job interview.
2. The supervisor shall contact the Affirmative Action Officer immediately to indicate that an accommodation is needed. In order to ensure that the accommodation is provided at the interview, requests shall be handled in a timely manner.
3. The Affirmative Action Officer shall contact the applicant to discuss the needed accommodation and discuss possible alternatives if necessary.
4. The agreed upon accommodation shall be provided if the cost does not cause an undue hardship on the Board.
5. If approved, the Affirmative Action Officer shall take the necessary steps to see that the accommodation is provided.

### **Denial for Accommodation**

All denials of requests for accommodation will be documented and kept on file by the Affirmative Action Officer. The AAO shall notify the employee of his/her right to file a complaint of discrimination under the Affirmative Action Plan Complaint Procedure and advise the employee of his/her right to file a complaint with the Minnesota Department of Human Rights or the U.S. Equal Employment Opportunity Commission or other legal channels.

If the requested accommodation made by a job applicant is denied, the Affirmative Action Officer shall notify the job applicant of the decision and advise him/her of his/her right to file a complaint with the Minnesota Department of Human Rights or the U.S. Equal Employment Opportunity Commission or other legal channels.

### **WEATHER EMERGENCIES**

A copy of the Commissioner of Employee Relations weather emergency memorandum is included in this plan.



All employees will be notified as outlined in this memorandum.

All employees with hearing impairments will receive notification, if at work, by the supervisor or designated backup staff in the case of an emergency. If the employee is not at work and uses a TTY for telephone communication and an emergency is called, the supervisor will contact the employee via the Minnesota Relay Service at 1-800-627-3526 to inform the employee of the emergency.

## **BUILDING EVACUATION**

All Board employees have received a copy of the University Park Plaza tenant handbook, which contains the building evacuation procedure. University Park Plaza holds yearly fire and severe weather drills.

## **HARRASSMENT POLICY**

### **Statement of Policy**

It is the policy of the Minnesota Board of Medical Practice to prohibit harassment of its employees based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, age, or political affiliation. This prohibition with respect to harassment includes both serious acts and petty and annoying acts, which create a negative work environment. Any employee subjected to such harassment should file a complaint with the agency's Affirmative Action Officer designee. Any unintentional or deliberate violation of this policy by an employee will be cause for appropriate disciplinary action.

Each employee is responsible for the application of this policy. This includes initiating and supporting programs and practices designed to develop understanding, acceptance, commitment, and compliance within the framework of this policy. All employees must be informed that harassment is unacceptable behavior. The Affirmative Action Officer designee will be expected to keep the agency and its employees apprised of any changes in the law or its interpretation regarding this form of discrimination. The AAO is also responsible for:

1. Notifying all employees within the agency, and orienting each new employee who is hired, of this policy; and
2. Informing all employees in the agency of the complaint procedure and ensuring that all complaints will be investigated promptly and carefully.



## Definitions

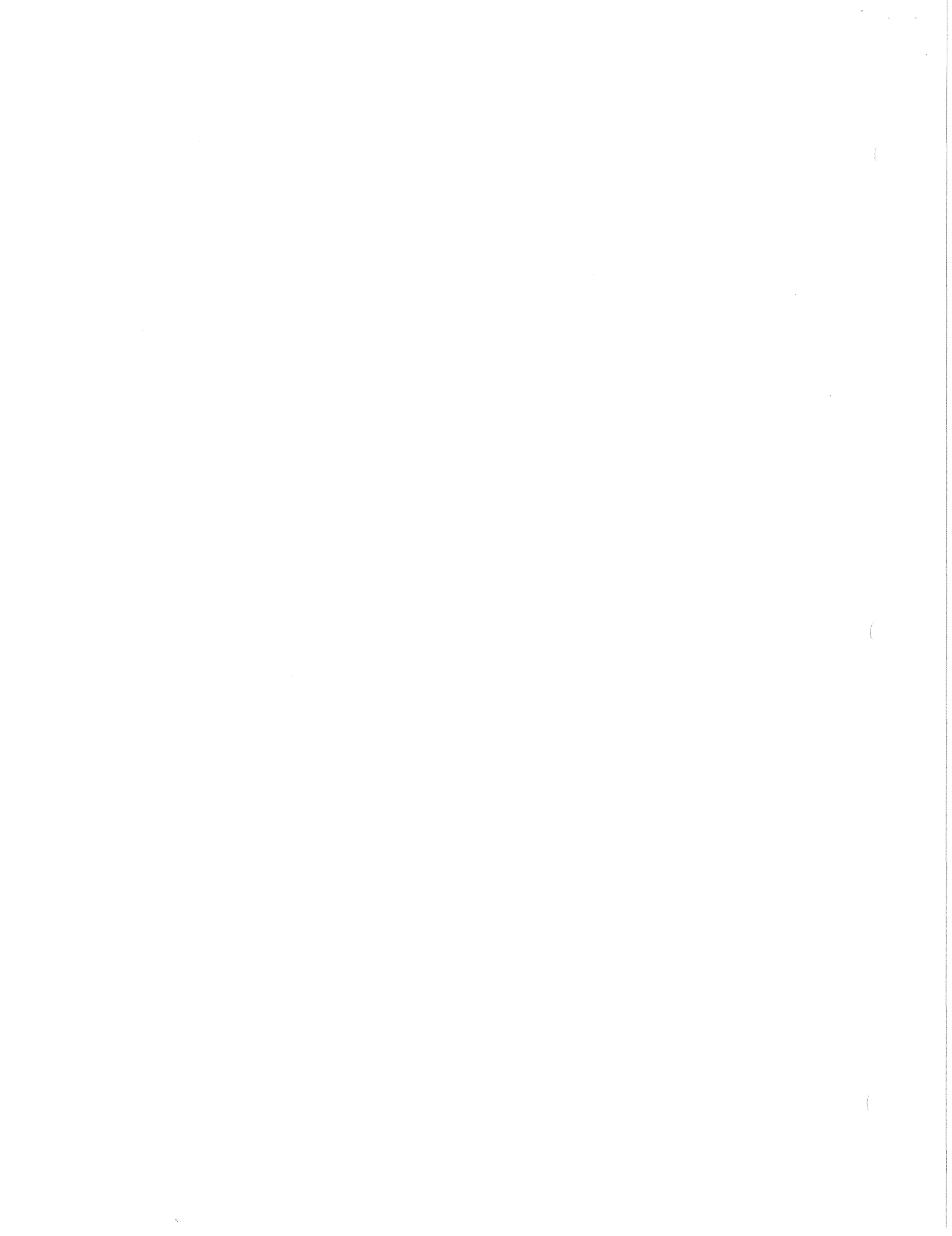
Discriminatory harassment is any behavior based on protected class status which is not welcome, which is personally offensive, which, therefore, may affect morale and interfere with the employee's ability to perform. For example, harassment based on national origin has been defined by the U.S. Equal Employment Opportunity Commission as "Ethnic slurs and other verbal or physical conduct relating to an individual's national origin."

Sexual harassment has also been specifically defined by the Minnesota Human Rights Act, which states in regard to employment, that:

"Sexual harassment" includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when: (1) submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment; (2) submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment; or (3) that conduct or communication has the purpose or effect of substantially interfering with an individual's employment, and in the case of employment, the employer knows or should know of the existence of the harassment and fails to take timely and appropriate action.

It is possible for discriminatory harassment, including sexual harassment, to occur: 1) among peers or co-workers, 2) between managers and subordinates, or 3) between employees and members of the public. Employees who experience discriminatory harassment should bring the matter to the attention of the Board's Affirmative Action Officer designee, or the Executive Director. In fulfilling our obligation to maintain a positive and productive work environment, the AAO and all employees are expected to address or report any suspected harassment or retaliation.

Clearly, varying degrees of seriousness in discriminatory harassment violations can occur and require varying levels of progressive discipline. Individuals who instigate harassment are subject to serious disciplinary actions, including suspension, demotion, transfer, or termination. Additionally, inappropriate behaviors, which do not rise to the level of discriminatory harassment, yet are annoying and perhaps insulting, should be corrected early and firmly in the interests of maintaining a barrier-free workplace. Individuals who participate in inappropriate behaviors at work are also subject to disciplinary actions.



## **Procedure**

Any employee, applicant or eligible of the Board of Medical Practice who believes that he/she has experienced discrimination or harassment based on his/her race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, age, or political affiliation may file a complaint of discrimination.

Complaints of discrimination or harassment can be filed using the internal discrimination complaint procedure included in our agency's affirmative action plan.





**BOARD OF MEDICAL PRACTICE**

**COMPLAINT OF DISCRIMINATION**

**Please Read Before Completion of Form**

Any complaint of discrimination is considered confidential data under Minnesota Statute 13.39, Subd. 1 and 2. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer/Designee, the complainant, the respondent, appropriate supervisory personnel and the Commissioner of Employee Relations.

**Complainant (You)**

Name		Job Title
Work Address	City, State, Zip Code	Telephone ( )
Agency	Division	Supervisor

**Respondent (Person Who Discriminated Against You)**

Name		Job Title
Work Address	City, State, Zip Code	Telephone ( )
Agency	Division	Supervisor

**The Complaint**

Basis of Complaint ("X" all that apply):

- |                               |                                   |  |  |
|-------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color    | <input type="checkbox"/> Disability      | <input type="checkbox"/> Harassment                    |
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Creed    | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Political Affiliation         |
| <input type="checkbox"/> Age  | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Reliance on Public Assistance |
|                               |                                   |  | <input type="checkbox"/> Sexual Orientation            |

Date most recent act of discrimination took place:

If you filed this complaint with another agency, give the name of that agency:

Describe how you believe that you have been discriminated against (names, dates, places, etc. Use a separate sheet of paper, if needed, and attach to this form.

continue on other side....

OVER

--

**Information on Witnesses Who Can Support Your Case**

Name	Work Address	Work Telephone
1.		( )
2.		( )
3.		( )

Additional witnesses may be listed on a separate sheet attached to this form.

This Complaint is being filed on my honest belief that the State of Minnesota has discriminated against me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Affirmative Action Officer Signature

Date

## Employee Request for Reasonable Accommodation

Please Print or Type

Employee Name	Classification	Date of Request
Division		
<ul style="list-style-type: none"> <li>• Attach additional sheets for questions below if necessary.</li> </ul>		
1. Please describe the nature of your disability, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.		
2. Type of accommodation requested to perform essential function(s):		
3. Which essential function(s) of your job will the requested accommodation allow you to perform?		
4. Why is the requested accommodation necessary to perform the essential job function(s)?		
5. How will the requested accommodation be effective in allowing performance of the essential job function?		
Signature of Employee		Date
Signature of Supervisor		Date
Signature of Manager		Date
Additional Comments:		

Information on this form shall be confidential with the exceptions according to the Rehabilitation Act of 1973, Section 504, Subd. 84.14, and the Americans with Disabilities Act of 1990, Subd. P.L. 101-336, Sec. 102.C.



## REASONABLE ACCOMMODATION AGREEMENT

This form is to be completed by the Affirmative Action Designee after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate an agreement between the employee and the Department to the specific accommodation.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Name of Manager/Supervisor

The request for reasonable accommodation to the needs of the above named disabled employee was:  
Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Justification for the decision (indicate specific factors considered):  
\_\_\_\_\_  
\_\_\_\_\_

If reasonable accommodation was approved, was the employee's suggestion accepted?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Partially \_\_\_\_\_

Reason:  
\_\_\_\_\_

Describe specific accommodations to be made:  
\_\_\_\_\_

Cost estimate: \_\_\_\_\_

I have read the employee request for reasonable accommodation. I understand that all tangible accommodations purchased by the Department will become the property of the State of Minnesota.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affirmative Action Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Services Director

\_\_\_\_\_  
Date



Minnesota  
Department of  
Employee  
Relations

Leadership and partnership in  
human resource management

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MN BOARD OF  
MED PRACTICE

Memo

DATE: November 14, 1997

TO: Agency Heads  
Human Resource Directors/Designees

FROM: Karen L. Carpenter  
Commissioner

*Karen L. Carpenter*

RE: Weather Emergencies

The purpose of this memo is to remind you that once again we are approaching the time of year when we may have severe weather emergencies.

As background, weather emergencies are declared when a number of conditions exist. The factors that are considered are:

- ◆ Road maintenance. Are state highways open and snowplows operating?
- ◆ Transit operations. Are local transit systems running?
- ◆ Additional weather conditions. Is wind, cold or ice a factor?
- ◆ Other considerations. Are power or heating systems affected?

This office receives notification from the Duty Officer in the Emergency Management Division of Public Safety if a severe weather situation is occurring anywhere in the state. This office also provides us with road conditions, snowplowing information and transit operations obtained from local law enforcement. We consider all of the information from these sources and then decide if it is necessary to declare an emergency and close state offices.

The decision to declare an emergency can be statewide or limited to a specific portion of the state. Any decision to close state offices due to an emergency does not apply to employees who are required by their agency to work during a weather emergency.

Agency heads or their designee will be notified when an emergency is declared. It is imperative that your agency has in place an internal procedure for relaying this information to any/all your offices affected. While we will be informing the media, we have found that some employees do not receive the notification in a timely fashion.

Please note MnSCU (Minnesota State Colleges and Universities) have statutory authority to close their facilities and this policy does not apply to them.

### **How to find out about a weather emergency**

If a weather emergency is declared during the night, we will give the following announcement to WCCO 830 and WMNN 1330, KSTP, WCCO and KARE TV for broadcast. The announcement will also be forwarded to the Associated Press (AP) to be put on the news wire for radio stations in greater Minnesota.

“A weather emergency has been declared by the Commissioner of the Department of Employee Relations. As of (time and date), all Minnesota state offices will be closed in the following area(s): (geographic location(s)). This does not apply to employees who are required by their agency to work during a weather emergency.”

This statement will be provided to the media prior to the start of the normal work day (8:00 a.m.). We continue to monitor weather conditions through the Emergency Management Division, and if changes in the emergency designation are warranted, they will be made as the day progresses.

If an emergency is declared during the business day, the agency head or their designee will be notified by telephone and fax prior to the declaration. We will also notify the media of the declaration.

Several days following a weather emergency, you will receive a written notification from my office which includes the time, date and geographic location of the emergency along with processing information to pay employees.



November 14, 1997

**If you have employees who are deaf or have a hearing impairment**

Supervisors of deaf and hearing impaired employees should have a procedure in place for these individuals to learn about a weather emergency. If your employee has a TTY machine (telecommunication device for the deaf), the supervisor can contact the employee through the Direct Connect Minnesota Relay Service (MRS) at (612) 297-5353 (metro) or 1-800-627-3529 (out state). Here's how it works:

- ◆ The supervisor or other assigned co-worker calls the MRS number.
- ◆ The MRS operator dials the employee's number.
- ◆ When the supervisor is on the line, he/she can relay a message to the TTY machine and help conduct any conversation that may be necessary.

The weather emergency is meant for those extreme cases when it would be unsafe for most employees to travel to or from home. We recognize that there may be unique individual situations due to the employee's location that make it impossible for that employee to get to work when an emergency has not been declared. In those circumstances, supervisors should consider allowing the employee to make up the lost time or use compensatory time or annual leave.

I hope this information helps you understand how emergencies for state employees are determined and announced. Please feel free to share this information with your employees. Posters sent last year remain the same. If you need additional copies, contact Mary Ferguson at (612) 297-3053. If you have any questions, please contact your human resources office.

cc: Labor Relations Representatives

cfg/weather/m-weather

