SUMMARY OF CHANGES:

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
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<tbody>
<tr>
<td></td>
<td>Minor changes throughout the policy.</td>
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APPROVED:

Signature on File

Thomas Faust, Director

Date: 5/12/2022
1. **PURPOSE AND SCOPE.** To set forth the Department of Corrections’ policy and procedure for employees, contractors and applicants when requesting a religious accommodation.

2. **POLICY.** DOC has a zero tolerance for and a policy which prohibits acts of discrimination, and retaliation on the basis of religion. DOC is committed to promoting diversity and equal opportunity in all aspects of agency employment. DOC respects the religious beliefs and practices of all employees, applicants, volunteers and contractors and the DOC will allow for reasonable accommodations so that they can practice their religion.

3. **APPLICABILITY.** All DOC employees, applicants, contractors and volunteers.

4. **NOTICE OF NON-DISCRIMINATION**

   In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

5. **PROGRAM OBJECTIVES.** The expected outcomes of this program are to:

   a. Advise DOC employees of the Department’s zero tolerance policy for acts of discrimination

   b. Advise DOC employees of the process for requesting a religious accommodation.
6. **DIRECTIVES AFFECTED**

   a. **Directives Rescinded**

      PP 3800.5  Religious Discrimination and Accommodations Policy  
      (1/17/17)

   b. **Directives Referenced**

      PP 3800.1  Equal Employment Opportunity Program

7. **AUTHORITY**

   a. Title VII of the Civil Rights Act of 1964 (Title VII), as amended.
   
   
   c. 4 DC Municipal Regulations (DCMR) 100 *et seq*.
   
      Government Anti-Discrimination Issuances and Equal Employment
      Opportunity Notices.
   
   e. Mayor’s Order 75-230, October 31, 1975, as amended by Mayor’s Order 79-89, May 27, 1972.
   

8. **STANDARDS REFERENCED.** None

9. **DEFINITIONS**

   a. **Religious Accommodation**- upon request, a change in the workplace or the 
      way things are customarily done that will allow an applicant, employee or 
      contractor to practice their religion unless it would be an undue hardship on 
      the agency’s operation of its business.
   
   b. **Religion**- sincerely held religious or moral beliefs, practices and observances 
      that can be theistic or non-theistic (morals and ethical beliefs). Religion includes
not only traditional, organized religions such as Christianity, Judaism, Islam, Hinduism, and Buddhism, but also religious beliefs that are new, uncommon, not part of a formal church or sect, or only subscribed to by a small number of people or one person.

10. **GENERAL REQUIREMENTS.** In conjunction with the Department’s respect for the religious beliefs and practices of all employees, the Department may allow, upon request, an accommodation for religious observances when a reasonable accommodation is available that does not impose an undue hardship on the DOC’s business.

    a. It is the responsibility of the employee, applicant, contractor or volunteer to inform the Department of their request for an accommodation. Notification shall be made ten (10) days prior to the need for accommodation.

    b. All verbal and written requests for religious accommodations shall immediately be forwarded to the EEO and Diversity Manager.

    c. An employee, contractor, or applicant whose moral, religious beliefs or practices conflict with his/her job, work schedule, or with the DOC’s policy or practice on dress and appearance, or with other aspects of employment, and who seeks a religious accommodation, must submit a Religious Accommodation Request Form (Attachment A) to the EEO and Diversity Manager.

    d. The written request will identify the type of religious conflict that exists and the employee’s requested accommodation.

    e. *The EEO & Diversity Manager* will upon receipt of the Religious Accommodation Request form:

        1) Evaluate the request and inform the appropriate manager that a request has been made

        2) Consider whether a work conflict exists either due to a sincerely held religious belief or practice, or security, or the collective bargaining agreement
3) Determine if a reasonable accommodation is available, including an alternative accommodation, provided it will not impose an undue hardship on the agency’s operation of its business.

4) In some cases, meet with the requesting employee and require further documentation and/or dialogue of the religious belief or practice to evaluate the request.

5) Make a determination as quickly as possible and advise the appropriate Manager and employee of the decision in writing within (5) business days of receipt of the request.

11. **Types of Accommodations, include but are not limited to:**

   a. Tour of duty changes (i.e. swapping) or leave,

   b. Change in job functions,

   c. Additional breaks for religious observances,

   d. Exceptions to the agency’s uniform and grooming rules and expectations, unless it would pose an undue hardship on the agency’s operation of its business, which includes but is not limited to, impairing workplace safety, and/or

   e. Modifications to other aspects of employment that is reasonable and would not impose an undue hardship.

12. **Discrimination and/or Denial of Accommodation**

   a. Applicants/Employees/Contractors/Volunteers who believe that they have been subjected to discrimination on the basis of their religion or haven been denied a request for religious accommodation must follow the EEO process as outlined in PP 3800.1, Equal Employment Opportunity Program.

   b. Applicants/Employees/Contractors/Volunteers may seek EEO counseling within the department through a certified EEO Counselor or with an EEO Counselor of an external agency which is required prior to filing a complaint with the D.C. Office of Human Rights. Individuals may also file directly with the U.S. Equal Employment Opportunity Commission.
13. General Prohibition against Retaliation and Harassment

a. This policy prohibits retaliation by staff because an individual has engaged in protected activity, such as:

1) Requesting a religious accommodation,

2) Opposing discrimination,

3) Filing an informal or formal complaint of discrimination, and;

4) Testifying, assisting, or participating in any manner in an investigation proceeding or hearing.

b. Each DOC employee, applicant, contractor or volunteer is prohibited from subjecting individuals to religious harassment. Harassment may include, but is not limited to:

1) Offensive remarks and unwelcome statements about a person’s religious beliefs or practices;

2) Verbal or physical misconduct that is triggered by an individual’s religious beliefs or practices.

14. Penalties

a. The Director or his/her designee, upon recommendation from the Unit, will be responsible for ensuring that disciplinary action is taken against persons found in violation of the agency’s Religious Accommodations Policy.

Attachments

Attachment A – Religious Accommodation Request Form
Attachment B – EEO Compliant Form
RELIGIOUS ACCOMMODATION REQUEST FORM

In accordance with federal and D.C. laws, the Department prohibits discrimination on the basis of religion. The Department shall provide reasonable accommodations for sincerely held religious beliefs or practices unless doing so would impose an undue hardship on the Department.

This form is to be filled out by the person requesting a reasonable religious accommodation and submitted to the EEO & Diversity Manager. **This information will be maintained confidentially to the extent practicable under the circumstances.**

Name: ________________________________ Title: ________________________________

Assignment: __________________________ Phone: ____________________________

1. Please identify the religious belief or practice you have for which you are requesting an accommodation.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. What workplace accommodation do you request?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. How often do you need the accommodation?

____________________________________________________________________________
____________________________________________________________________________

4. If you have requested this religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.

____________________________________________________________________________
____________________________________________________________________________
Please Note: In some cases, the Department will need to obtain documentation or other authority regarding your religious belief or practice. The Department may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Signature: ______________________________________

Date: __________________________________________

Summary of Next Steps

This request will be reviewed by the EEO & Diversity Manager.

The EEO & Diversity Manager will discuss your request with the appropriate Major.

You will be notified, in writing, of the outcome of the determination and/or proposed accommodation.
THE GOVERNMENT OF THE DISTRICT OF COLUMBIA
EEO COMPLAINT FORM
D.C. Department of Corrections

Information required herein will assist EEO Officer to determine the nature and extent of discrimination as defined by the Federal/Local Discrimination Laws.

1. COMPLAINTANT

Today’s Date: __________
Name:_________________________________________________________
Position Title: ______________________________________
Address:    _______________________________________________________
City/State/Zip:  ___________________________________________________
Tel # (H):  _______________________________________________________
Tel # (W): _______________________________________________________
Tour of Duty: _______________________
Immediate Supervisor: __________________________

IF REPRESENTED BY COUNSEL/UNION REPRESENTATIVE, PLEASE PROVIDE THE FOLLOWING:
Name: _____________________________________________________________________________
Telephone/Fax:  _____________________________________________________________________
Address: ___________________________________________________________________________

2. RESPONDENT(S)

Name(s):____________________________________
Position Title: _________________________________
Tour of Duty: ________________________________________________
Address: _________________________________________________________
City/State/Zip: ____________________________________________________
Tel #: ___________________________________________________________
Fax #:__________________________________________________________
3. BASIS OF COMPLAINT

The basis is the reason you feel you were treated differently than others outside of your protected class. I feel I was discriminated against because of my:
(Please check appropriate box and provide detail, if necessary.)

☐ Race __________________
☐ National Origin ___________
☐ Color ___________________
☐ Disability ________________
☐ Genetic Information
☐ Matriculation
☐ Political Affiliation
☐ Religion ______________________
☐ Age _________________________
☐ Gender Identity or Expression
☐ Personal Appearance
☐ Family Responsibilities
☐ Sexual Orientation

4. ISSUES

The issue is the action(s) taken that made you feel that you were treated differently than others outside of your protected class.
(Please check appropriate box and provide detail, if necessary.)

☐ Failure to hire    __________________
☐ Promotion ___________
☐ Transfer ___________________
☐ Sexual Harassment ___________________
☐ Discharge ________________
☐ Demotion
☐ Hostile Work Environment
☐ Failure to Accommodation (Religion/Disability only)
☐ Retaliation _________________________
☐ Discipline _______________________
☐ Denial of Leave _______________________
☐ Other __________________________

5. D.C. FAMILY AND MEDICAL LEAVE ACT

(Only complete section if your complaint deals with FMLA.)

Have you been employed with this agency for at least one (1) year and have worked at least one thousand (1,000) hours?  □ YES  □ NO
Date(s) you requested: ___________________________________________________________

Reason you requested: ___________________________________________________________

Person who denied your request: _________________________________________________

Title: _______________________________________________________________________

Others who have requested leave: _______________________________________________

How are these persons different from you: __________________________________________

Have you tried to resolve this matter with Respondent? If so, please describe with whom you spoke and their response:
Name/Title: ________________________________________________________________
6. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying employment, promotion, training, goods, services, educational services, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.
7. POTENTIAL REMEDIES FOR RESOLUTION

For each allegation raised, please identify potential remedies.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Employee’s Signature                                           DATE

Notice of Non-Discrimination
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