



U.S. Equal Employment Opportunity Commission
Savannah Local Office

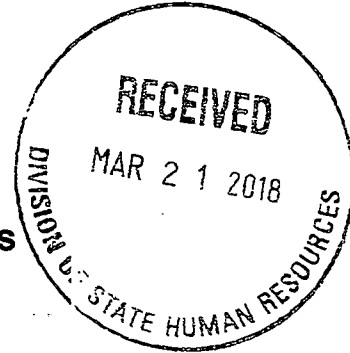
7391 Hodgson Memorial Drive
Suite 200
Savannah, GA 31406
(912) 920-4279
TTY (912) 920-4491
Fax: (912) 920-4484

Respondent: SC DEPARTMENT OF DISABILITIES & SPECIAL NEEDS
EEOC Charge No.: 415-2017-00468

June 13, 2017

Alicia Bolden
1115 Carnegie Avenue
Charleston, SC 29407

**Group A
Supporting Documents**



Dear Ms. Bolden:

This is with reference to your recent written correspondence or intake questionnaire in which you alleged employment discrimination by the above-named respondent. The information provided indicates that the matter complained of is subject to the statute(s) checked off below:

- Title VII of the Civil Rights Act of 1964 (Title VII)
- The Age Discrimination in Employment Act (ADEA)
- The Americans with Disabilities Act (ADA)
- The Equal Pay Act (EPA)
- The Genetic Information Nondiscrimination Act (GINA)

The attached EEOC Form 5, Charge of Discrimination, is a summary of your claims based on the information you provided. Because the document that you submitted to us constitutes a charge of employment discrimination, we have complied with the law and notified the employer that you filed a charge. Before we investigate your charge, however, you must sign and return the enclosed Form.

To enable proper handling of this action by the Commission you should:

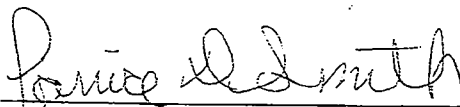
- (1) Review the enclosed charge form and make corrections.
- (2) Sign and date the charge in the bottom left hand block where I have made an "X". For purposes of meeting the deadline for filing a charge, the date of your original signed document will be retained as the original filing date.
- (3) Return the signed charge to this office.

Before we initiate an investigation, we must receive your signed Charge of Discrimination (EEOC Form 5). Please sign and return the charge within thirty (30) days from the date of this letter. Under EEOC procedures, if we do not hear from you within 30 days or receive your signed charge within 30 days, we are authorized to dismiss your charge and issue you a right to sue letter allowing you to pursue the matter in federal court.

Please use the "EEOC Charge No." listed at the top of this letter whenever you call us about this charge. Please also notify this office of any change in address or of any prolonged absence from home. Failure to cooperate in this matter may lead to dismissal of the charge.

Please also read the enclosed brochure, "What You Should Know Before You File A Charge With EEOC," for answers to frequently asked questions about employee rights and the EEOC process. If you have any questions, please call me at the number listed below. If you have to call long distance, please call collect.

Sincerely,



Janice D. Smith
Investigator
(912) 920-4482

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.
www.eeoc.gov

Enclosure(s)

Copy of EEOC Form 5, Charge of Discrimination

Copy of EEOC Uniform Brochure, "What You Should Know Before You File A Charge With EEOC."

CHARGE OF DISCRIMINATION

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

Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

415-2017-00468

_____ and EEOC
State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Alicia Bolden

Home Phone (Incl. Area Code)

(843) 709-5313

Date of Birth

Street Address

City, State and ZIP Code

1115 Carnegie Avenue, Charleston, SC 29407

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

SC DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(843) 873-5750

Street Address

City, State and ZIP Code

9995 Jamison Road, Summerville, SC 29485

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

04-26-2012

04-26-2012

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I was hired on March 2, 2008, as a Human Resources Assistant II and my last position held was a Direct Service Manager. On February 24, 2017, I notified the Human Resources Director, Deidre Blake, that I was being harassed by top officials within the company. On March 10, 2017, I was written up. On April 13, 2017, I was suspended for three days.

II. Claudette Fields, Residential Service Director, informed me that she is to monitor me closely and intensely. No reason was given for the other actions above.

III. I believe that I was discriminated against due to retaliation for having opposed an employment practice believed to be in violation of the Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

X

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

RE: Mrs. Latichia Gadson!

Fields, Claudette

Wed 2/15/2017 3:58 PM

**Group E
Supporting Documents**

To: Bolden, Alicia <ABolden@ddsn.sc.gov>;

Good Afternoon,

Please have Ms. Singletary to complete the necessary transfer form, then I will seek availability for 2nd shift placement based on needs. Have a great day.

From: Bolden, Alicia

Sent: Wednesday, February 15, 2017 12:52 PM

To: Fields, Claudette <CFields@ddsn.sc.gov>

Subject: Mrs. Latichia Gadson!

Good Afternoon Mrs. Fields,

Mrs. Latichia Gadson would like to be moved to second shift starting on the next schedule so that she is able to go back to school. School starts sometime around about the 22nd of this month, but she is going to bring in the exact dates (verification) on tomorrow.

Alicia Bolden (110)

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Mrs. L. Gadson!

Bolden, Alicia

Fri 2/17/2017 11:13 AM

Sent Items

To: Fields, Claudette <CFields@ddsn.sc.gov>;

Good Morning Mrs. Fields,

Mrs. Gadson has stated that due to the time constraints and issues with babysitters regarding second shift that she will now be attending school at a later date. She said that Monday the 20th is a Holiday and her son is out of school this day and she still would like to have this day off for that purpose, but she no longer needs to take off the 22nd. I have her leave slip. I will bring it up shortly. We currently have (6) staff scheduled to work on the 20th.

Alicia (110)

Janekwa Green!

Bolden, Alicia

Wed 10/19/2016 1:18 PM

To: Fields, Claudette <CFields@ddsn.sc.gov>

**Janekwa Green
was working on 1st shift in
110 when she made this
transfer request**

Mrs. Fields,

Janekwa Green has just informed me that she will be starting school soon (fall) and would like to know if she can work part time on 3rd shift when it does. She is supposed to be meeting with her advisor and states that she will forward me her start date as soon as she has it.

Alicia (110)

Janekwa Green!

Bolden, Alicia

Wed 10/19/2016 2:43 PM

To: Fields, Claudette <CFields@ddsn.sc.gov>;

Mrs. Fields,

I spoke with Janekwa again and she says that she does not want to lose her benefits so she would like to be considered for the FT slot on 3rd in 110. I forwarded her an in-house transfer request form. Will keep you informed with school documents and dates as they are made available.

Alicia (110)

**Transfer Request Was
Approved**

Re: Monica Brockington

Fields, Claudette

Sat 8/15/2015 12:38 PM

Inbox

To: Bolden, Alicia <ABolden@ddsn.sc.gov>;

Good afternoon,

This sounds like a plan, but let's further discuss on Monday or Tuesday. Enjoy your weekend!!

Sent from my iPhone

On Aug 15, 2015, at 10:51 AM, Bolden, Alicia <ABolden@ddsn.sc.gov> wrote:

Good Morning Mrs. Fields,

As you know Monica Brockington starts her internship on 9/1/2015. This intern is scheduled to last for 2 months. She will not earn any income while she completes this, but she needs to work to pay her bills. Her intern site is in N. Charleston and she also lives in N. Charleston. I was hoping that you would allow us to schedule her to work on 3rd shift for these two months until she is able to go back to 1st shift hours. Her intern hours are from 8 am to 5 pm. Monica is an exceptional worker and I am proud that she is pursuing her education and this internship will help her to achieve her long term career goals. We actually need the extra help on 3rd shift and I have been meaning to ask you if you would allow us to get a temp. Monica filling in the meantime will be a great help. It will help her and it will help us. In addition, I was also hoping that we could modify her 3rd shift hours to 10pm to 6:30 am to allow her time to get home and prepare for her 8am intern shift. We have (2) two 6:00 – 2:30 staff on 1st shift in this building so that modification does not pose any foreseeable problems. Thanks in advance. Upon your approval, we will make the necessary changes to the schedule. I am most appreciative and I am sure she is to. ☺

Sincerely, Alicia Bolden (Highlands 110)

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**Transfer Request Was
Approved**

FW: INTERNAL TRANSFER REQUEST

Fields, Claudette

Thu 9/8/2016 2:14 PM

To: Williams, Valerie <VWilliams@ddsn.sc.gov>; Bolden, Alicia <ABolden@ddsn.sc.gov>; Segal, Suellen <SSegal@ddsn.sc.gov>; Ravenell, Rainey <RRavenell@ddsn.sc.gov>; Lee, Dorothy <DLee@ddsn.sc.gov>; Smith, Lorra <LoSmith@ddsn.sc.gov>; Jenkins, Betty <BJenkins@ddsn.sc.gov>; Govan, Stacey <SGovan@ddsn.sc.gov>; Staley, Claire <CStaley@ddsn.sc.gov>; Logan, Leslie <LLogan@ddsn.sc.gov>; Varner, Valerie <VVarner@ddsn.sc.gov>; Harris, Brenda <BHarris@ddsn.sc.gov>; Perry, Diann <DPerry@ddsn.sc.gov>; Piper, Doris <DPiper@ddsn.sc.gov>; Hamlet, Kathy <KHamlet@ddsn.sc.gov>; Gathers, Cheryl <CGathers@ddsn.sc.gov>; Summers, Sheila <SSummers@ddsn.sc.gov>; Green, Rosellen <RGreen@ddsn.sc.gov>; Middleton, Crystal <CMiddleton@ddsn.sc.gov>; Hamilton, Katie <KHamilton@ddsn.sc.gov>; Robinson, Victoria <VRobinson@ddsn.sc.gov>; Brayford, Catherine <cbrayford@ddsn.sc.gov>;

📎 1 attachments (57 KB)

REQUEST FOR INTERNAL TRANSFER.doc;

FYI

From: Dooney, John

Sent: Thursday, September 08, 2016 12:03 PM

To: Fields, Claudette <CFields@ddsn.sc.gov>; Cummings, Lois <LCummings@ddsn.sc.gov>; Nickless, Richard <rnickless@ddsn.sc.gov>; Harris, Jim <JHarris@ddsn.sc.gov>; Cripps, Sue <SCripps@ddsn.sc.gov>; Hunter, Wally <WHunter@ddsn.sc.gov>; Zila, Michele <MZila@ddsn.sc.gov>; Stanley, Al <AStanley@ddsn.sc.gov>; Lenes, Steven <SLenes@ddsn.sc.gov>

Cc: Hill, Becky <BHill@ddsn.sc.gov>

Subject: INTERNAL TRANSFER REQUEST

Good afternoon,

Attached is the new internal transfer request form for all staff requesting an in-house transfer such as (1) building transfer, (2) shift transfer, and (3) departmental transfer.

This form will be located in the HRM folder on the Coastal Share Drive....

Any questions, let me know.

Thanks.

R/

John

John Dooney

HR Director (District II)

SC Department of Disabilities and Special Needs

Coastal Center

9995 Miles Jamison Road

Summerville, SC 29485

Work # 843-873-5750

Fax# 843-821-5878

jdobney@ddsn.sc.gov

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**S.C. DEPT. OF DISABILITIES AND SPECIAL NEEDS
REGIONAL COASTAL CENTER**

REQUEST FOR INTERNAL TRANSFER

Employee Name:	Department:	Date of Request:
----------------	-------------	------------------

PROBATIONARY EMPLOYEE: YES NO

SUPPORTING DOCUMENTATION PROVIDED (as applicable): YES NO

Reason(s) for request:

Respectfully request to transfer "from _____ (Building # / Shift/ Department) to _____ (Building # / Shift/ Department)."

Reason:

SIGNATURE OF REQUESTOR:

Please be advised that all requests for transfer will be considered and are reviewed according to staffing needs

ROUTING

RECOMMENDATION:	SIGNATURE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	IMMEDIATE SUPERVISOR
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE/TITLE/DATE WORK CENTER SUPERVISOR
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE/TITLE/DATE DEPARTMENT SUPERVISOR
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE/TITLE/DATE DEPARTMENT DIRECTOR

RECOMMENDATION CONTINUED IF DISAPPROVED BY DEPARTMENT DIRECTOR IF PURSUED BY REQUESTOR

<input type="checkbox"/> YES <input type="checkbox"/> NO	HR DIRECTOR (AS APPLICABLE)
<input type="checkbox"/> YES <input type="checkbox"/> NO	FACILITY ADMINISTRATOR

VERIFIED:	SIGNATURE/TITLE/DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO	HR STAFF

REASON FOR DISAPPROVAL:

Group F Supporting Documents

RECOMMENDATION FOR DISCIPLINARY ACTION

Alicia Bolden

Date: April 6, 2017

Direct Support Manager

Failure to Observe Assigned Work Hours

Position Title

Subjects

DISCUSSION (INCLUDE FACTS, COMMENTS, NOTES)

Department of Disabilities and Special Needs (DDSN) Standard of Disciplinary Action Directive (413-01-DD) confirms guidelines for employee's disciplinary actions. Guidelines are administered to those employees demonstrating deficiencies and unreasonable conduct/behavior. In accordance with this directive, you are receiving a (3) days suspension for inappropriate conduct/behavior. This agency is grounded on fair and consistent measures, when administering disciplinary action. Whereas, it is the responsibility of the employee to conform with procedures applicable to their duty assignment. Every attempt has been made to professionally support you as a Manager. However, you prolong to comply with such reasonable request. You were counseled on February 23, 2017 & March 10, 2017 for Failure to Observe Assigned Work Hours. On both dates, specific instructions were given in the presence of two witnesses. The instructions were as follows:

1. Submit your monthly work schedule to your supervisors timely.
2. Follow your schedule, no exceptions.
3. Monitored by the switchboard operator.
4. Sign in/out through switchboard.

As of today April 6, 2017, there has been no marked improvement in this areas. You continuously refuse to sign in/out through switchboard. Therefore, it is difficult for your supervisor to determine the correct time you are reporting to work. Effective immediately, you are expected to correct your inappropriate conduct/behavior by signing in/out through switchboard.

RE: My Scheduling!

Fields, Claudette

Mon 2/2/2015 3:54 PM

Inbox

To: Bolden, Alicia <ABolden@ddsn.sc.gov>;

Please call me back. Thanks

From: Bolden, Alicia
Sent: Monday, February 02, 2015 9:57 AM
To: Fields, Claudette
Cc: Wiggins, Valerie
Subject: My Scheduling!

Good Morning Mrs. Fields,

I've been meaning to discuss my schedule with you for some time now in regards to the 6:00 to 2:30 shift. I am hoping to be able to pick up more hours on my part time job during the work week and this may interfere with the 6:00 to 2:30 shift. It may be that I work it on the same day weekly or that some weeks I may not work it at all. I did not want to take this on without your approval but this is just another avenue that I am trying to explore in terms of my financial obligations.

Thanks, Alicia (110)

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RECOMMENDATION FOR DISCIPLINARY ACTION

Alicia Bolden

Date: March 10, 2017

Direct Support Manager

Insubordination

Position Title

Subjects

DISCUSSION (INCLUDE FACTS, COMMENTS, NOTES)

A meeting was held with Alicia on February 23, 2017. Alicia's immediate supervisor and HR Director were present during this discussion. The purpose of this meeting was to discuss Alicia's time and attendance, and her unbecoming conduct as a State employee. This resulted in an oral counseling and a written warning. Today's written warning is to inform Alicia that as of March 10, 2017, Alicia remain insubordinate regarding instructions given to her on February 23, 2017. In supporting evidence it is apparent that you fail to sign in/out at switchboard. Based on these incidents, we feel you do not wish to comply with the professionalism mandated by company policy. On February 23rd, I expressed that the agreeable working hours are 8:30-5:00, or 10:00-6:30. Also, you were informed that the following instructions must be adhere to:

1. Submit your monthly work schedule to the LDSM and SD timely.
2. Follow your schedule, no exceptions.
3. Monitor by the switchboard operator.
4. Sign in/out through switchboard.

In conclusion, Alicia, was made aware, that it is critical for her to report to work on time. There is no additional grace period. Any further tardiness will result in progressive disciplinary action, and your scheduled working hours will be amended to 6:00-2:30; 8:30-5:00 and 10:00-6:30. The previously mentioned hours are regulars working hours for a Coastal Regional Center Direct Support Manager. However, Alicia was given the privilege to work 8:30-5:00 or 10:00-6:30, due to personal issues. As of today, March 10, 2017; Alicia remains insubordinate, therefore a written warning is being

GUIDELINES FOR EMPLOYEE PROGRESSIVE DISCIPLINARY ACTION

Offenses on the Job and Deficiencies	First Offense	Second Offense	Third Offense	Fourth Offense	Notes
Falsification of Information on the Application for Employment	Dismissal				
Falsifying Official Records	Dismissal				
Fighting (Inappropriate Interpersonal Physical Contact)	Written Warning to Dismissal	Suspension to Dismissal	Dismissal		
Gambling During Work Hours	Suspension to Dismissal	Dismissal			
*Horseplay	Oral Reprimand	Written Warning	Suspension	Dismissal	
Impeding/Interfering with an Official Investigation	Suspension to Dismissal	Dismissal			
Improper Conduct or Conduct Unbecoming a State Employee	Suspension to Dismissal	Dismissal			
Inappropriate Interactions with a Consumer	Written Warning to Dismissal	Suspension to Dismissal	Dismissal		
*Inappropriate Use of Sick Leave	Written Warning	Suspension	Dismissal		
Insubordination	Suspension to Dismissal	Dismissal			
Interference with other employee's work	Oral reprimand	Written Reprimand	Suspension	Termination	
Leaving Work Station without Authorization	Written Warning to Dismissal	Suspension to Dismissal	Dismissal		
Lewd Conduct Towards or With a Consumer or Employee	Dismissal				

employee must be considered to have performed in a satisfactory manner and be a covered employee. This policy does not apply to non-covered employees (e.g., probationary employees, temporary employees, temporary grant employees, time-limited project employees, research grant employees and employees exempt from the State Employee Grievance Procedure Act).

Employees choosing to file a grievance or appeal must not be disciplined or otherwise prejudiced for exercising their rights or for testifying under the provisions of this policy.

GENERAL POLICY

It is the policy of DDSN to give prompt and impartial consideration to the complaints and grievances of employees without restraint, interference, coercion or reprisal. It is the responsibility of the immediate supervisor to make prompt decisions and to work toward solutions that are in the best interests of DDSN and the employee involved. It is expected that the supervisor will make every reasonable effort to reach a satisfactory solution, so that employee complaints may be settled informally between the employee and the immediate supervisor.

Employees have the right to have a representative, including counsel, at any time during DDSN's grievance procedure. If an employee chooses to exercise the right to counsel, it shall be at the employee's expense.

GRIEVANCES AND APPEALS

As provided for in the Act and defined in S.C. Code Ann. § 8-17-320, a covered employee may file a grievance or an appeal concerning only the following employment actions:

- Terminations
- Suspensions
- Involuntary Reassignments in excess of 30 miles from the prior work station
- Demotions
- Punitive Reclassifications, but only when DDSN (in the case of a grievance) or the State Human Resources Director (in the case of an appeal) determines that there is a material issue of fact that the action was solely done to penalize the covered employee.
- Promotions - In instances where DDSN or (in the case of appeals) the State Human Resources Director determines that there is a material issue of fact as to whether or not DDSN has considered a qualified covered employee for a position for which the employee formally applied, or would have applied if the employee had known of the promotional opportunity. When DDSN promotes an employee one organizational level above the promoted employee's former level; however, this action is not a grievance or subject to appeal for any other qualified covered employee. Failure to be selected for a

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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Vicki A. Thompson

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-IN40
Website: www.ddsn.sc.gov

Reference Number: 405-01-DD
Title of Document: Employee Grievance Procedure
Date of Issue: May 28, 1987
Effective Date: May 28, 1987
Last Review Date: January 22, 2016
Date of Last Revision: January 22, 2016 (REVISED)
Applicability: All Covered DDSN State Employees

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTURAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

INTRODUCTION

The State Employee Grievance Procedure Act (Act) provides that each agency and department of State government shall establish an employee grievance procedure for covered employees which shall be reduced to writing and be approved by the State Human Resources Director. In addition, the approved grievance procedure must be made available to covered employees of DDSN. "Covered employee" is defined as a full-time or part-time employee (FTE/PTE) occupying a part or all of a FTE position, who has completed the probationary period with a "successful" or higher overall rating on the employee's performance evaluation and who has grievance rights. If an employee does not receive an evaluation before his/her performance review date, the

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Santee Center - Phone: 843/332-4104

4:00 Meeting

Fields, Claudette

Thu 2/23/2017 1:15 PM

To: Bolden, Alicia <ABolden@ddsn.sc.gov>; Williams, Valerie <VWilliams@ddsn.sc.gov>;

Hello,

I would like to meet with you both at 4:00 p.m. in Mr. Dooney's office. Thanks

CONFIDENTIALITY NOTICE:

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David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
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3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240

803/898-9600

Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

April 25, 2012

Alicia Bolden
1115 Carnegie Ave.
Charleston, SC 29408

Hand Delivered

Dear Ms. Bolden:

Effective April 26, 2012, upon the recommendation of your Service Director your employment with Coastal Regional Center has ended.

The reason for this termination is Improper Conduct and Violation of Written Rules (Equal Opportunity Employer).

In November of 2011, a position for a Human Service Specialist was posted for recruitment for a second shift position in the HL 620 Unit. This was a promotional opportunity and a position that directly reported to you. A staff who was eligible to apply for the position, asked you about the recruitment announcement and you purposely told the staff that the announcement was wrong and there was not a position available.

By making that statement to the staff who inquired about an actively recruited position, you misrepresented an official Agency Posting and this subjects you to dismissal from employment.

This action can be grieved. You are hereby advised of your right to appeal this termination through the State Employees' Grievance Process. The appeal of this action must be filed in writing with the Facility Administrator within fourteen (14) calendar days of the date received. The written appeal must contain a brief statement of facts, the action which you are grieving, your reason for appealing the action, and the relief you seek. Attached is the SCDDSN Grievance Procedure which you should read carefully concerning all time limitations.

Please be aware in the future you will not be allowed to come on the Coastal Center Campus to visit with employees or consumers. You are allowed on Campus only to transact necessary business with the HRM Department.

Please report to Ms. Tonya Hames in the HR office for out-processing. You will need to return your ID card, Parking Permit, and any other property you may have in your possession.

Sincerely,

Sandra Capers
District II Director,
Human Resource Management

SC/bt

Enclosure: Employee Grievance Procedure

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS
NOTICE OF PERSONNEL SEPARATION

1. NAME (LAST) Balden (FIRST) Alicia (MIDDLE INITIAL) _____ 2. EFFECTIVE DATE OF SEPARATION April 20, 2012

3. POSITION TITLE H.S.S. - DSM 4. LOCATION (Hillside 420)

5. ORGANIZATIONAL COMPONENT _____

6. REASON FOR SEPARATION

Place an (X) in the appropriate square
(See definitions on reverse side)

REMARKS: (Give detailed reason for separation. If the employee is not recommended for reemployment, specific reason should be shown.) Use reverse side if necessary.

A. RESIGNATION

- 1. Better opportunity
- 2. Disliked working conditions
- 3. Home responsibilities
- 4. Hours
- 5. Ill health
- 6. Insufficient salary
- 7. Job standards not met during trial period
- 8. Marriage
- 9. Military service
 - Drafted Called to Active Duty
 - (Attach one copy of military orders)
- 10. Moved from area of employment
- 11. Pregnancy
- 12. Returning to school
- 13. Transportation
- 14. Other _____

*Not recommended for reemployment
Violation of Fair Labor Standards Act*

B. DISCHARGE

- 1. Did not get along with fellow workers
- 2. Did not get along with Supervisor
- 3. Dishonesty
- 4. Failure to report for work
- 5. Insubordination
- 6. Irregular attendance
- 7. Misconduct or violation of rules
- 8. Personality
- 9. References
- 10. Unsatisfactory work or incompetency
- 11. Other _____

C. OTHER

- 1. Death
- 2. Disability retirement
- 3. Expiration of employment (students, etc.)
- 4. Ill health
- 5. Job abolished
- 6. Service retirement
- 7. Other _____

7. ATTACHED RECORDS FOR PERSONNEL BRANCH CLEARANCE PROCESSING

- 1. Employee's Clearance Sheet, SCDDSN Form P-19
- 2. Employee Time Record, SCDDSN Form P-20
- 3. Employee Time Card, SCDDSN Form P-21
- 4. Employee Time Sheet, SCDDSN Form P-22

REEMPLOYMENT: Placement of this employee on the reemployment list is recommended is not recommended.

9. HOME ADDRESS AFTER SEPARATION

10. SIGNATURE (Supervisor)

P. O. Box	B. Number and Street	C. City	D. State

Candette Fields

Advise the employee that a final payroll check will be mailed to him at this address on the next scheduled payroll date.
Records of separated employees will be maintained for six years only, in an inactive employee's file.

Alicia Bolden
1115 Carnegie Avenue
Charleston, SC 29407



7017 0530 0000 7366 9260



U.S. POSTAGE PAID
FORM 3849
CHARLESTON, SC
29407
MAR 21 19
AMOUNT
\$8.65
R2304H108246-90

1000

29201

RECEIVED

MAR 25 2019

Court of Appeals

S.C. Court of Appeals
1220 Senate Street
Columbia, South Carolina 29201