

Employee Request Platform (ERP)



Quick Reference Guide:

How to Submit an Inquiry to the **Department of
Diversity & Civil Rights Compliance (DCRC)**

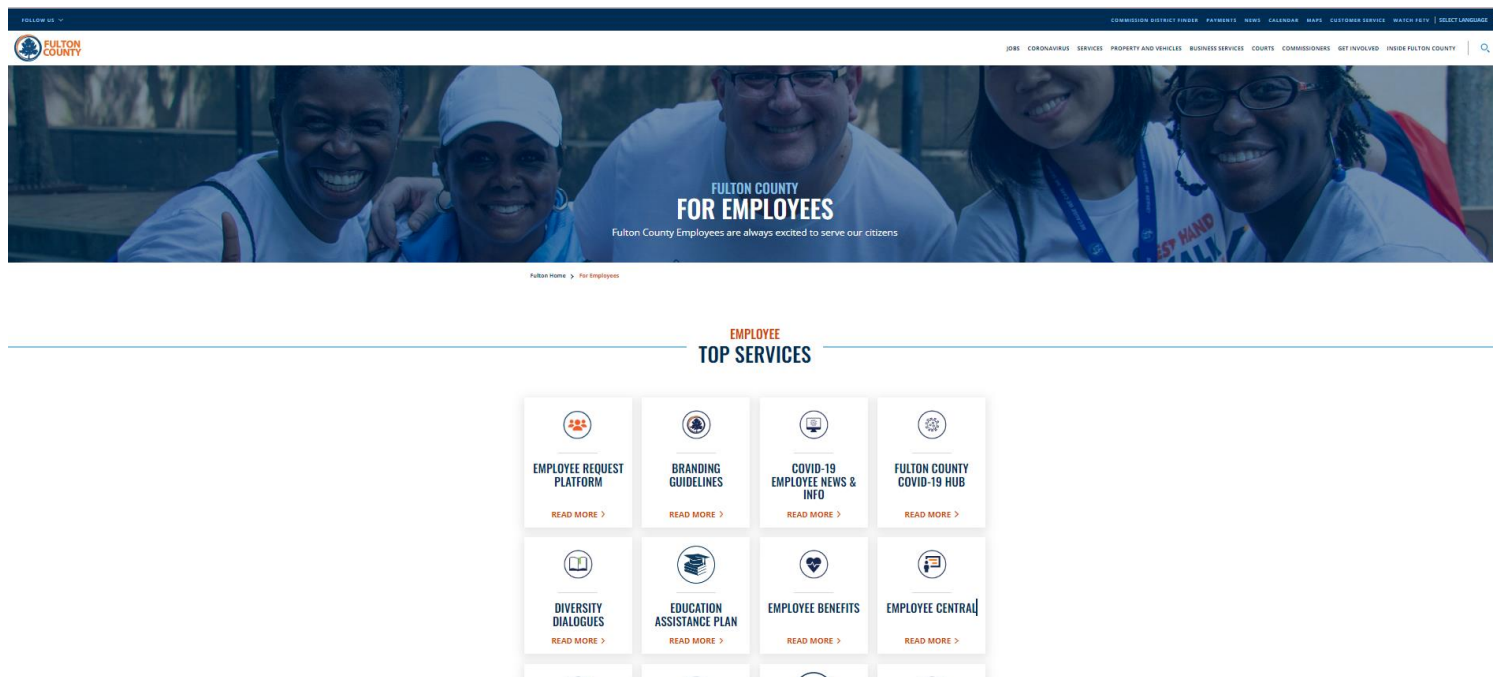
“Fulton County is an equal opportunity employer encouraging diversity!”

If you need reasonable modifications due to a disability, including communications in an alternate format, please contact (404) 612-7305.

FOR EMPLOYEES ONLY













WELCOME

The **Employee Request Platform (ERP)** can be used to *Request an Investigation* of an Alleged Discriminatory Act based on an EEO Protected Trait/Basis or to *Request a Workplace Accommodation* based on a disability or religious practice.




TOP SERVICES



 EMPLOYEE REQUEST PLATFORM READ MORE >	 BRANDING GUIDELINES READ MORE >	 COVID-19 EMPLOYEE NEWS & INFO READ MORE >	 FULTON COUNTY COVID-19 HUB READ MORE >
 DIVERSITY DIALOGUES READ MORE >	 EDUCATION ASSISTANCE PLAN READ MORE >	 EMPLOYEE BENEFITS READ MORE >	 EMPLOYEE CENTRAL READ MORE >
			

The Employee Request Platform can be accessed via the “For Employees” page of the Fulton County public website.

Click on the Employee Request Platform tile. No need to log in.

 Report Online

Details
Parties
Files
Submission
Next >

* Which department are you trying to reach?:

* What is your relationship to Fulton County?:

* What is your issue?:

* Case Subtype:

Incident Location:

Next >

* Indicates a required field

After clicking on the ERP tile, you will be directed to an Inquiry Submission Form.

STARTING THE PROCESS

FULTON COUNTY

Report Online

Details Parties Files

* Which department are you trying to reach?: DCRC

* What is your relationship to Fulton County?: Workforce

Details

1. Select “DCRC” as the Department you are trying to reach.
2. Select “Workforce” to indicate your relationship to Fulton County.



Report Online

Details

Parties

* Which department are you trying to reach?:

DCRC

* What is your relationship to Fulton County?:

Workforce

* What is your issue?:

<Select>

* Issue Subtype:

<Select>
Employment Discrimination
Workplace Accommodation



What is Your Issue?

Choose Either
***Employment
Discrimination*** or
***Workplace
Accommodation***

EMPLOYMENT DISCRIMINATION

PROTECTED CLASS DISCRIMINATION





Details

Parties

* Which department are you trying to reach?:

DCRC

* What is your relationship to Fulton County?:

Workforce

* What is your issue?:

Employment Discrimination

* Issue Subtype:

EEO

Incident Location:

<Select>
EEO

Issue Subtype

Select: EEO



Details

* Which department are you trying to reach?:

* What is your relationship to Fulton County?:

* What is your issue?:

* Issue Subtype:

Incident Location:

<Select>

Arts & Culture
Behavioral Health
Child Attorney
Commission - At Large
Commission District 1
Commission District 2
Commission District 3
Commission District 4
Commission District 5
Commission District 6
County Attorney
County Commission Clerk
County Manager
County Marshal
Department of Community Development
District Attorney
Diversity and Civil Rights Compliance
Emergency Management
Emergency Services

<Select>

Incident Location

Select the Department in which the Discriminatory Event Occurred.



DCRC

*** Upload
Complaint/Request Form:**

Yes No



*** EEO:**

Select

*** Resolve complaint
through alternate dispute
resolution:**

Yes No

Upload Complaint/Request Form

Click Yes.

* EEO:

* Resolve complaint
through alternate dispute
resolution:

Employee Complaint Form

What has happened that you
believe is discriminatory?:

- Age 40+
- Color
- Disability
- Genetic Information
- National Origin
- Pregnancy
- Race
- Religion

EEO-BASIS

Click Select - A
Dropdown Menu
Will Appear

Select All
Protected
Bases/Traits That
Apply to Your
Request.



DCRC

* Upload
Complaint/Request Form:

Yes No

* EEO:

Age 40+ × Religion ×

* Resolve complaint
through alternate dispute
resolution:

Yes No

Alternative Dispute Resolution-ADR

Be Sure to Click
Yes or No

*Please note: ADR is a
method to resolve
complaints by a
process other than
investigation.*



Employee Complaint Form

What has happened that you believe is discriminatory?:

When and where did the incident(s) occur that you believe was/were discriminatory? Give specific dates, time and locations as appropriate.:

Were there any witnesses to this specific event(s)? If yes, please provide their names and contact information if known.:

Do you have any evidence that supports your complaint? If so, please describe or attach copy of supporting documents.:

Employee Complaint Form

Complete Each Section of the Employee Complaint Form.

Complaint Basis

Select All That Apply

The Complaint Basis Box Has A Dropdown Menu to Select EEO Basis of Your Complaint.

The screenshot shows a web form with a blue header containing the 'FULTON COUNTY' logo. Below the header, the text 'Complaint Basis:' is followed by a dropdown menu. The dropdown menu is open, showing a list of options: '*Retaliation', 'Age 40+', 'Citizenship', 'Color', 'Disability', 'Gender Expression', 'Gender Identity', and 'Genetic Health Information'. To the left of the dropdown menu, there is a light blue callout box with the text: '*Retaliation means you suffered discrimination at an earlier time'. Below this callout box, the text 'What would you accept as a reasonable resolution to your' is visible. To the right of the dropdown menu, another light blue callout box contains the text: 't because you fi' and 'one's discrimina'.

*Retaliation means you suffered some type of adverse action or unfair treatment because you filed a discrimination complaint at an earlier time, or you complained or opposed/spoke-out about discrimination at an earlier time, or you were a witness or participated in someone's discrimination complaint at an earlier time.



Signature:

Jane Doe

Date Signed:

dd-MMM-yyyy

Next >

Signature and Date Signed

1. Type your first and last name in the Signature box.
2. Enter the date you are submitting your form.
3. **Click Next**

Please note: By typing in your name, you are affirming the following:

By typing your name below, you acknowledge the following: The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the Department of Diversity and Civil Rights Compliance deems relevant.

You cannot submit this online report without first adding at least one party

Parties

Add Party

<input type="checkbox"/>	First Name	Last Name	Party Type
--------------------------	------------	-----------	------------

Add Party.

* Indicates mandatory field

* Party Type: Complainant (Person Filing Complaint)

First Name:

Last Name:

Middle Initial:

Date of Birth: dd-MMM-yyyy

Address:

City:

Cancel Save

Parties

The System Will Not Allow You to Proceed Without Adding a Party.

1. Click Add Party - Add Yourself as the **Complainant**.
2. Click Add Party – Add the **Alleged Violator**.
3. When all Party Information has been added **Click Save**.
4. **Click Next**

Files

Add File

Attachments	Summary
No records to display.	

0 records

< Back Next >

Add File

Words: 0, Characters: 0/10000

Attachments: 0 of 1 Attachments

Drop files here to upload
or
Upload a File from your Computer

Cancel Save

Files

1. Click Add Files
2. The Open Box Appears. Type or Attach Files. Add any relevant documents to include, emails, memoranda, or other submissions.
3. Once Added-Click Save
4. Click Next

REVIEW AND CHECK

1. REVIEW THE FORM.
2. SELECT THE BACK BUTTON TO RETURN TO ANY SECTION WHERE YOU NEED TO MAKE A CORRECTION.

Be Sure to Double Check the Following:

- You Selected “Yes” to Upload Complaint/Request Form*
- You Selected All Protected Bases/Traits That Apply to Your Complaint*
- You Selected Yes or No to Resolve Complaint*

3. **CLICK SUBMIT**

Submission

Select the Submit Button in the Right Corner of the Page

The screenshot displays the 'Report Online' interface for Fulton County. At the top left is the 'FULTON COUNTY' logo. The main content area shows a 'Report Online' header with a laptop icon. Below this is a progress bar with four steps: 'Details', 'Parties', 'Files', and 'Submission'. The 'Submission' step is currently active. To the right of the progress bar are two buttons: 'Back' with a left arrow and 'Submit' with a checkmark. An orange arrow points down to the 'Submit' button, indicating it is the target for selection.

CASE SUBMITTED

1. *After You Click Submit, You will get a Confirmation Page with Case Number*
2. **Click *Ok*** and You are Finished

The screenshot displays the 'Report Online' interface for Fulton County. A modal window titled 'Case Submitted' is centered on the screen. The modal contains the following text: 'Your Case has been successfully submitted as:', the case number '2023-01-0020', and a thank-you message: 'Thank you for bringing this issue to our attention.' At the bottom of the modal, there is a blue button with a white checkmark and the text 'Ok'. An orange arrow points to this button. In the background, the 'Report Online' page is visible, featuring a dark blue header with the Fulton County logo, a 'Report Online' button, and navigation tabs for 'Details' and 'Parties'. A 'Submit' button with a checkmark is also visible in the background.

WORKPLACE ACCOMMODATION REQUESTS

RELIGIOUS



Report Online

Details

Parties

* Which department are you trying to reach?:

DCRC

* What is your relationship to Fulton County?:

Workforce

* What is your issue?:

Workplace Accommodation

* Issue Subtype:

Religious



Issue Subtype

Select: Religious



Details

* Which department are you trying to reach?:

* What is your relationship to Fulton County?:

* What is your issue?:

* Issue Subtype:

Incident Location:

<Select>

Arts & Culture
Behavioral Health
Child Attorney
Commission - At Large
Commission District 1
Commission District 2
Commission District 3
Commission District 4
Commission District 5
Commission District 6
County Attorney
County Commission Clerk
County Manager
County Marshal
Department of Community Development
District Attorney
Diversity and Civil Rights Compliance
Emergency Management
Emergency Services

<Select>

Incident Location

Select the Department where the workplace accommodation is needed.



DCRC

*** Upload
Complaint/Request Form:**

Yes No



*** EEO:**

Select

*** Resolve complaint
through alternate dispute
resolution:**

Yes No

Upload Complaint/Request Form

Click Yes.



FULTON
COUNTY

Request Details:

Religious Accommodation Form

Request Details

Provide a detailed summary stating what you are seeking as an accommodation.



Religious Accommodation Form

Have you notified or had discussions with your immediate Supervisor, Appointing Authority or HR Representative regarding your need for a Religious Accommodation? If the answer is yes, what was discussed and what was the outcome of the discussion?:

Describe the nature of your Religious Accommodation request. Please include responses for items in A, B, and C.

A). Name of Religious belief or practice::

B). Provide the reason for the request (Work Schedule, Dress/Appearance Code, Duration or Other) and/or the work environment adjustment needed for the requested Religious Accommodation::

C). Provide any other information that you believe is relevant to the assessment of your Reasonable Religious Accommodation request.:

Religious Accommodation Form

Complete each Section of the Form.



Signature:

Jane Doe

Date Signed:

dd-MMM-yyyy

Next >

Signature and Date Signed

1. Type your first and last name in the Signature box.
2. Enter the date you are submitting your form.
3. **Click Next**

You cannot submit this online report without first adding at least one party

Parties

Add Party

<input type="checkbox"/>	First Name	Last Name	Party Type
--------------------------	------------	-----------	------------

Add Party.

* Indicates mandatory field

* Party Type: Requester (Person Making An Accommodations)

First Name:

Last Name:

Middle Initial:

Date of Birth:

Address:

City:

Parties

The System Will Not Allow You to Proceed Without Adding a Party.

1. Click Add Party - Add Yourself as the **Requester.**
2. When all Party Information is Added, **Click Save.**
3. **Click Next**

Files

Add File

Attachments	Summary
No records to display.	

< >

0 records

< Back Next >

Add File

Words: 0, Characters: 0/10000

Attachments: 0 of 1 Attachments

Drop files here to upload
or
Upload a File from your Computer

Cancel Save

Files

1. Click Add Files
2. The Open Box Appears. Type or Attach Files. Add any relevant documents to include, emails, memoranda, submission.
3. Once Added-Click Save
4. Click Next

REVIEW AND CHECK

1. REVIEW THE FORM.
2. SELECT THE BACK BUTTON TO RETURN TO ANY SECTION WHERE YOU NEED TO MAKE A CORRECTION.

Be Sure to Double Check the Following:

- You Selected “Yes” to Upload Complaint/Request Form*
- You Completed All Sections of the Request Form*
- You Signed and Dated the Form*
- You Added Your Party Information as the “Requestor”*

3. **CLICK SUBMIT**

CASE SUBMITTED

1. *After You Click Submit, You will get a Confirmation Page with Case Number*
2. **Click *Ok*** and You are Finished

The screenshot displays the 'Report Online' interface for Fulton County. A modal window titled 'Case Submitted' is centered on the screen. The modal contains the following text: 'Your Case has been successfully submitted as:', the case number '2023-01-0020', and a thank you message: 'Thank you for bringing this issue to our attention.' At the bottom of the modal, there is a blue button with a white checkmark and the text 'Ok'. An orange arrow points from the left side of the modal towards the 'Ok' button. In the background, the 'Report Online' page is visible, featuring a dark blue header with the Fulton County logo, a 'Report Online' button, and navigation tabs for 'Details' and 'Parties'. A 'Submit' button with a checkmark is also visible in the background.

WORKPLACE ACCOMMODATION REQUESTS

DISABILITY





Report Online

Details

Parties

* Which department are you trying to reach?:

DCRC

* What is your relationship to Fulton County?:

Workforce

* What is your issue?:

Workplace Accommodation

* Issue Subtype:

Disability



Issue Subtype

Select: Disability



Details

* Which department are you trying to reach?:

* What is your relationship to Fulton County?:

* What is your issue?:

* Issue Subtype:

Incident Location:

<Select>

Arts & Culture
Behavioral Health
Child Attorney
Commission - At Large
Commission District 1
Commission District 2
Commission District 3
Commission District 4
Commission District 5
Commission District 6
County Attorney
County Commission Clerk
County Manager
County Marshal
Department of Community Development
District Attorney
Diversity and Civil Rights Compliance
Emergency Management
Emergency Services

<Select>

Incident Location

Select the Department Where the Workplace Accommodation is Needed.



DCRC

*** Upload
Complaint/Request Form:**

Yes No



*** EEO:**

Select

*** Resolve complaint
through alternate dispute
resolution:**

Yes No

Upload Complaint/Request Form

Click Yes.



FULTON
COUNTY

Request Details:

Religious Accommodation Form

Request Details

Provide a detailed summary stating what you are seeking as an accommodation.



RA Request Form

What, if any, essential job function(s) are you having difficulty performing?:

What limitation(s) are interfering with your ability to perform the essential function(s) of your job?:

What specific accommodation are you requesting?:

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?:

Yes No

If you are requesting a specific accommodation, how will that accommodation assist you in performing your essential job function(s)?:

Have you had any requests for accommodations in the past relative to this same condition?:

Yes No

Please explain and provide approximate date(s):

Disability Reasonable Accommodation (RA) Form

Complete each Section of the Form.



Signature:

Jane Doe

Date Signed:

dd-MMM-yyyy

Next >

Please note: By typing in your name, you are affirming the following:

I WISH TO PROCEED WITH THE INTERACTIVE PROCESS TO SEEK REASONABLE ACCOMMODATIONS. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. SHOULD ANY OF THE INFORMATION PROVIDED ON THIS FORM CHANGE, I AGREE TO INFORM THE FULTON COUNTY DEPARTMENT OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE WITHIN TEN (10) CALENDAR DAYS OF APPLICABLE CHANGE(S).

Signature and Date Signed

1. Type your First and Last name in the Signature box.
2. Enter the date you are submitting your form.
3. **Click Next**

You cannot submit this online report without first adding at least one party

Parties

Add Party

<input type="checkbox"/>	First Name	Last Name	Party Type
--------------------------	------------	-----------	------------

Add Party.

* Indicates mandatory field

* Party Type: Requester (Person Making An Accommodations) [v]

First Name: []

Last Name: []

Middle Initial: []

Date of Birth: dd-MMM-yyyy []

Address: []

City: []

[x] Cancel [Save

Parties

The System Will Not Allow You to Proceed Without Adding a Party.

1. Click Add Party - Add Yourself as the **Requester.**
2. When all Party Information is Added, **Click Save.**
3. **Click Next**

Files

Add File

Attachments	Summary
No records to display.	

< >

0 records

< Back Next >

Add File

Words: 0, Characters: 0/10000

Attachments: 0 of 1 Attachments

Drop files here to upload

or

Upload a File from your Computer

CancelSave

Files

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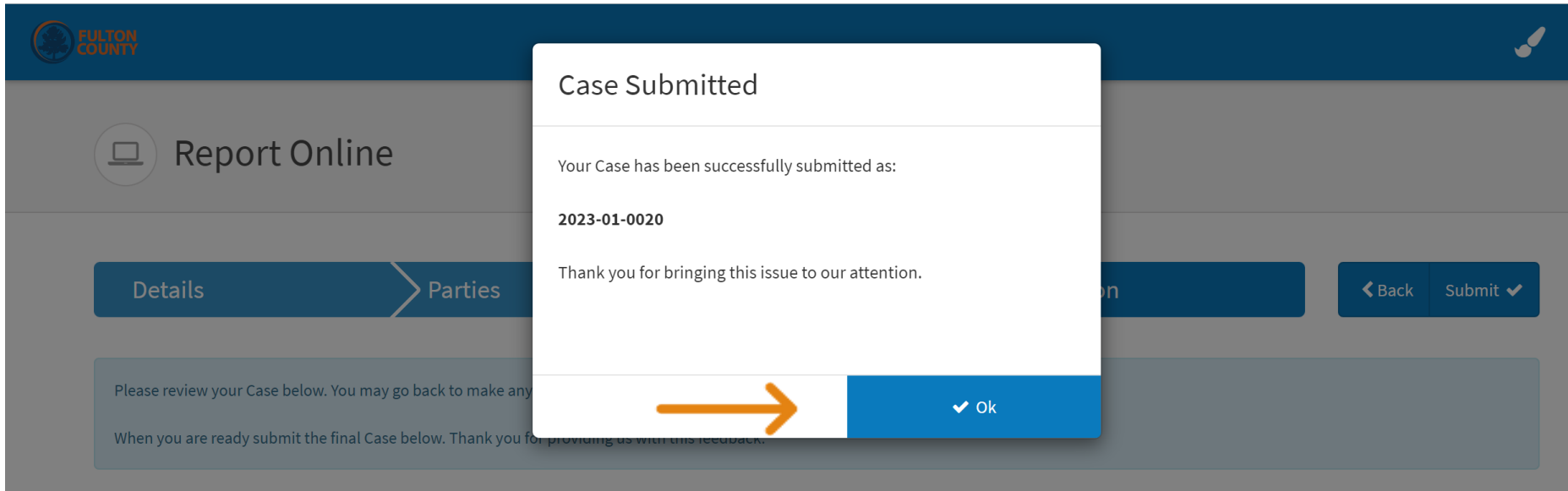
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- You Signed and Dated the Form*
- You Added Your Party Information as the “Requestor”*

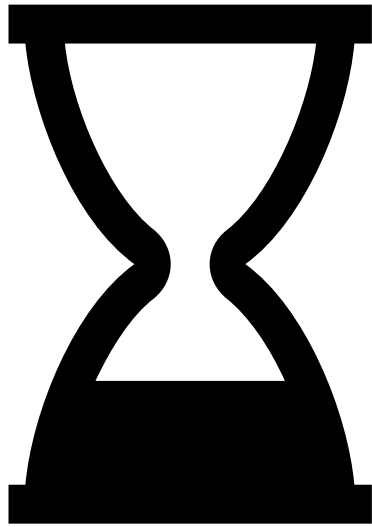
3. **CLICK SUBMIT**

CASE SUBMITTED

1. *After You Click Submit, You will get a Confirmation Page with Case Number*
2. **Click *Ok*** and You are Finished



What's Next?



Following submission, You will receive an email acknowledging receipt of your REQUEST, inquiry and/or complaint.

Please do not hesitate to contact us with any questions or additional concerns at (404) 612-7305 or dcrc@fultoncountyga.gov.



Email Notification

Thank you for contacting the Department of Diversity & Civil Rights. We are reviewing your submission and a member of our team will be in contact with you soon.