

**THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA CIRCUIT**

FILED IN CLERK'S OFFICE  
U.S.D.C. - Atlanta

**JUL 18 2024**

KEVIN P. WEIMER, Clerk  
By: *[Signature]* Deputy Clerk

LINDELL YVETTE MILLER

Plaintiff,

v.

CITY OF STOCKBRIDGE,  
YOLANDA BARBER, ALFONSO  
THOMAS, and VANESSA  
HOLIDAY

Defendants.

)  
)  
) Civil Action No. 1:23-CV-04022-  
) MHC-JEM  
)  
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**PLAINTIFF'S PROVIDE COURT WITH SUPPORTING DOCUMENTATION**

Plaintiff Lindell Yvette Miller, *pro se*, respectfully would like to provide the Court with supporting documentation. In support of this motion, Plaintiff states as follows:

- A. Climate Study – The purpose of the Climate study is to sadly show the amount of abuse that the plaintiff endured during the public service in spite of the horrible treatment, while be forced to work and maintain a livelihood for as long as physically possible.
- B. **CLIMATE STUDY FINDING - THE CLIMATE STUDY IS ATTACHED**
  - 1. **Hostile and very stressful environment**
  - 2. **Abusive**
  - 3. **City Clerk controlled the City and is the reason for low morale**
  - 4. **Negative Leadership response to abuse**
  - 5. **Lack of management and extremely toxic**
  - 6. **Abuse of power**
  - 7. **Lack of experience Human Resources**

**C. CLIMATE STUDY RECOMMENDATION BY THE INDEPENDENT INVESTIGATOR FINDING - THE CLIMATE STUDY IS ATTACHED**

- 1. City Manager should be placed on a 90-day performance Improvement Plan**
- 2. Removal of the City Clerk due to the investigation and complaints filed.**
- 3. Hire an experience Human Resources Professional**

The independent Human Resources certified company did a quantitative Approach and a Qualitative approach, all employees were asked the same questions, and the survey represented numbers and graphs, although most of the records were redacted.

- D.** A list of Employee Complaints against the City Clerk and Leadership of the City of Stockbridge dated back as far as 2020
- E.** Example letters from employees who wrote written statements of harassment, stalking, the Clerk followed people in her car, and bullying by Vanessa Holiday, City Clerk.

**I. Background**

For the past three years, Plaintiff has sought a copy of a climate study conducted by an outside entity on behalf of the Defendant City of Stockbridge. This study pertains directly to the work environment in the City of Stockbridge. Recent Developments the Plaintiff was forced to file a complaint with the Office of the

Attorney General of Georgia regarding Defendant's non-compliance with the Open Records Act. Following this complaint, Defendant communicated that the climate study would be released within 3-5 business days. Plaintiffs request a fifth Open Records Request May 15, 2024. The City provided partial response to the Open Records Request to Attorney General of Georgia July 16, 2024.

## **II. Necessity of the Climate Study**

The climate study is essential to Plaintiff's response to Defendant's Motion to Dismiss. The study contains evidence that substantiates the legitimacy of Plaintiff's claims of constructive discharge.

## **III. Legal Standard – Conclusion**

According to American Psychological Association (APA) nearly 2 in 5 said they worry that if they told their employer about a mental health condition caused by the toxic workplace environment, it would have a negative impact on them in the workplace. Toxic workplace term to describe infighting, bullying, harassment, discrimination and intimidation.

The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being underscores the sweeping impact of toxic work cultures. Chronic stress from workplace abuse can lead to depression, heart disease, cancer, and other illnesses, Surgeon General Vivek H. Murthy, MD, wrote.

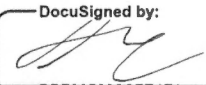

Employers should protect workers from toxic workplaces especially when an independent investigation is done, and the facts are provided to leadership.

The City of Stockbridge did not protect me. I was strong, determined, and afraid and reported my abuse in fear of losing my job because I am a single mother. My Human resources records reflect that I was an excellent employee even though I was forced to seek support from Employee Assistance Program, (EAP), who also documented the abuse and provided information to the Human Resources Department due to the discrimination because of my nationality, the open attacks and abuse in Public Council meetings. All of this was witness by the city Manager, Human Resources and Council. No one protected me and I was forced to take FMLA. No one protected me. Copies of the documents are attached, and I intend to file for discovery with the City since all of the Open Records were not fulfilled. A copy of the certificate of service will be provided to the court.

Employees must protect their employees and leadership should not abuse their power.

The Plaintiff has demonstrated good cause in obtaining open records documents that have been denied since 2021 and was forced to file a complaint to the State Attorney Office.

Dated: July 18, 2024

DocuSigned by:  
  
/s/   
BD1005892C7E4F1...  
Lindell Y. Miller  
20 Fox Chase Ct.  
Stockbridge, GA 30281

PLAINTIFF'S EXHIBIT A

- A. Climate Study independent investigator interviewed more than 40 employees. Redacted copy attached and Plaintiff is filing discovery for the remaining request.
- B. A list of Employee Complaints against the City Clerk and Leadership of the City of Stockbridge regarding harassment, discrimination, and bullying dated back as far as 2020.
- C. Example letters from employees who wrote written statements of harassment, stalking and bullying by Vanessa Holiday, City Clerk.
- D. Plaintiffs request open records May 15, 2024. The City provided partial response to the Open Records Request to Attorney General of Georgia July 16, 2024.



## **MEMORANDUM**

**CONFIDENTIAL**

**TO:** Renee Wheeler  
**FROM:** Charisma Webster  
**DATE:** September 2021  
**SUBJECT:** City Clerk Following me

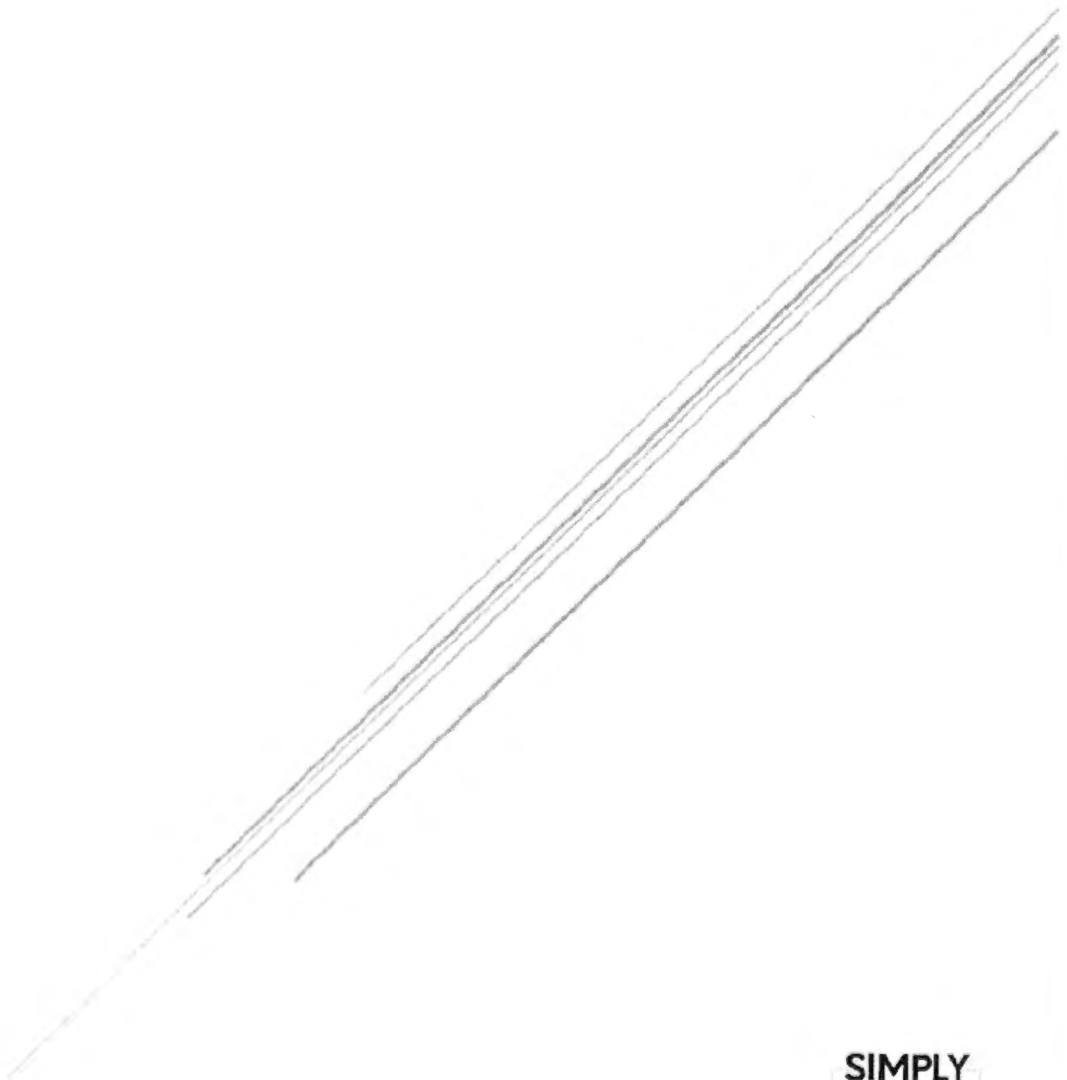
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I was tasked with the project of furnishing the green room at the Amphitheater from the City Manager. Econuel and I were headed to Fayetteville to visit a furniture store. Econuel then stated to me, "Vanessa is still following us." When I looked back, I noticed she was behind us in her care. Vanessa followed us from City Hall to Tara Blvd., seeking information about our whereabouts. I find this behavior to scary, and it has caused me to fear Vanessa due to her unusual behavior.



# CITY OF STOCKBRIDGE

## *Climate Survey*



## 2020 Climate Survey

### *Executive Summary*

This report contains the results of the City of Stockbridge employee climate survey. The report outlines areas of strength, areas of improvement and areas that requires immediate attention and action. The survey report also outlines recommendations to help the City of Stockbridge respond to and act on the results, thereby enhancing the city's morale among the employees

### **Purpose and Objectives**

The objective of this survey process is to gather information to provide the council with a better understanding of the following:

- Employee's perceptions of their work environment;
- The City's areas a strength;
- Where the City of Stockbridge should focus to improve the work environment

Simply HR Inc. conducted (2) two surveys: A Quantitative Approach and Qualitative Approach. The Quantitative Approach is the survey which represent numbers and graphs from the electronic survey. The Qualitative Approach represents open ended interview questions from employee in an interview format.

This report represents the Qualitative Approach, which mean all employees were asked the same questions.

The following will outline the questions that were asked and the responses. You will see the actual comments made by employees.

\*Some of the questions will have numbers- the numbers represent the number of times the answers appeared in the interviews.

### **Question #1 Describe your work experience working for the city of Stockbridge in one word:**

- ☐ Abusive, too many Indian and no chiefs (5) responses
- ☐ Hostile and very stressful ( 10)
- ☐ No confidentiality and trust among HR, City Manager and City Clerk
- ☐ Managers don't protect employees
- ☐ No diversity
- ☐ Good experience (3)
- ☐ No issue (1)
- ☐ A hot mess
- ☐ Unprofessional at leadership level to include council
- ☐ Low morale, like what I do just need new management (2)

- ☐ Good get along with everyone, no issue
- ☐ Tense, excellent benefits
- ☐ Poor communication among leadership
- ☐ A lot of disorganization among leadership (5)
- ☐ Dysfunctional, very petty, drama
- ☐ Too small for all the drama
- ☐ Very political
- ☐ One person controls the entire direction of the organization
- ☐ City Clerk control and the reason for the low morale (30)

**Question # 2 Describe the top three problems or challenges within the City of Stockbridge. (Some employees listed more than three problems).**

- ☐ Lack of communication, abuse of power (City Clerk), connecting w/ community
- ☐ Consistency, (City Manager change mind frequent), Morale very low, no decision from City Manager
- ☐ City clerk making too many of wrong decision, communication and salary not high enough
- ☐ Council members not a team
- ☐ City clerk in everyone lane (runs the city), Low morale ( negative city hall responses) (6x)
- ☐ Trust, City Manager rely on City Clerk City clerk makes decision based on personal feelings (10x)
- ☐ City Clerk, City Clerk City Clerk (10x)
- ☐ Lack of clear directions, Communication, trust among the HR, City Manager and City Clerk
- ☐ Lack of trust, City Council not informed about the pay study ( everyone didn't get an increase only a couple like HR, City Clerk and some managers) employees left out, bad leadership
- ☐ Integrity, lack of respect ( city clerk very disrespectful), lack of communication from leadership
- ☐ City Manager does not live in the city have no interest, city manager need a backbone, Vanessa run the city, City Clerk has too much power, she under minds the city manager, she is friends with HR. No trust (5x)
- ☐ No leadership, no unity and no clear directions
- ☐ City Manager won't make a decision, city manager should be the buffer between employee and council. The lines are blurred. City clerk is the problem, very revengeful and has a vindictive personality. (5x)
- ☐ City Manager does not make decision, takes him too long to react, HR is friends with city clerk can't trust her. She reports everything to city clerk
- ☐ No leadership- city manager not able to make sound decision. City clerk keep a lot of confusion up, if she doesn't like you it is known (5x)
- ☐ Mr. Knighton has lack of competency running a city like Stockbridge, controlled by city clerk (2x)

- ☐ Lack of management accountability, city clerk very toxic and have relationship with council (5x)
- ☐ The City Clerk is the number one reason for the morale, very toxic (5x)
- ☐ City Clerk is the prime reason we lost a good supervisor- Camila Moore (5x)
- ☐ Human Resource is not to be trusted, City Clerk is THE problem and City Manager has no backbone
- ☐ Abuse of Power by city clerk, city clerk relationship with some of the council members, no support from City manager
- ☐ Lack of trust among HR, City Manager and City Clerk
- ☐ Show appreciation to employees more, salary increase and work environment
- ☐ Lack of leadership from City Manager, City Clerk controls everything, micro management

**Question 3 on the scale 1 being awful and 5 great how would you rate the morale and why?**

- ☐ 35% rated the morale a 2- partially due to the control of the city clerk
- ☐ 25% rated the morale a 3- partial due to no support from city manager and HR

**Question #4 Are you provided the tools to be able to perform your job? See report**

**Additional feedback on this question:**

- ☐ Yes it could be better, manager is very micro manager
- ☐ Sometime manager are controlled by city clerk
- ☐ For the most part, IT very frustrating
- ☐ Yes (40x)
- ☐ No, our old manager Camila Moore provided us what we needed

**Question #5 Describe your perception of the compensation and benefits-see chart**

- ☐ The council is unaware that the compensation study only benefited a couple of people like HR, City Clerk and some manager, employees were basically left out
- ☐ For the most part compensated fair
- ☐ The benefits are good
- ☐ I am not enrolled in the benefits
- ☐ The city manager was able to support salary increases
- ☐ The city clerk controlled who received increase in department she is not over. Highly influenced- too much power
- ☐ Compensation is fair
- ☐ Benefits are generous
- ☐ The bonus is not a bonus, partial merit is delayed so they call it a bonus



**Question #6 Rewards and Recognition programs-**

- ☐ Stockbridge does not have a formal process of recognizing and rewarding employees
- ☐ Employees don't feel valued, it just a job
- ☐ Stockbridge can do a better job recognizing employees fairly
- ☐ Not aware of a formal recognition program
- ☐ We are provided bonus in November
- ☐ My supervisor acknowledges our team
- ☐ Not aware are a formal rewards and recognition program
- ☐ Better management would be a reward for employees

**Questions # 7 What changes would you like to see within the City of Stockbridge?**

- ☐ Change in leadership- Remove city manager, city clerk and HR (14x)
- ☐ Get HR and City manager some coaching
- ☐ Don't renew the city manager and city clerk contracts they pose most threat to the city
- ☐ Get rid of the city clerk, provide some executive coaching to city manager
- ☐ Hire a new city manager, city clerk and stronger HR person
- ☐ Better communication among new leadership, confidentiality restored
- ☐ Better leadership from the top- stronger leadership and stronger HR
- ☐ Inclusiveness from leadership (city manager) better communication with everyone
- ☐ Everyone on the same page for employee and community- We are an embarrassment to the community
- ☐ Annual state of union meeting with staff- keep us abreast of changes
- ☐ Increase morale, new leadership change to include city manager and city clerk
- ☐ Get a new HR department ( not to be trusted) replace city clerk ( too much control and toxic) provide city manager with some executive coaching and accountability goals

**Miscellaneous Feedback**

- ☐ Many of the employees expressed concerns of the relationship the council have with the city clerk
- ☐ Many employees stated that it doesn't appear the council has the employees best interest rather their own interest
- ☐ It was stated that the council have input into the operation rather than governing responsibilities for the city
- ☐ Council doesn't represent the City of Stockbridge in the most professional way (see live stream) how they act towards one another. Very embarrassing.
- ☐ Council don't hold the City Manager accountable for his lack of leadership, many are aware of the city managers behaviors- turn the blind eye.

**My Observations:**

It is my observation hearing from several employees, the City of Stockbridge has disgruntle employees working of the City. We heard from long service and short service employees. It also appears that many employees have concerns with current management.

As far as the benefits, overall compensation and actual work environment, employees responded in a positive manner

Leadership and others in an authoritative role was the major highlight of this report. On several occasion the City Manager was depicted as an incompetent leader. The City Clerk was depicted as a person who has a lot of control and influence with the City of Stockbridge to include the Council.

The responses regarding HR is around Trust. Many employees don't see HR as a trusted advisor as she has a relationship with the City Manager who has a negative view among employees.

**Recommendations:**

After carefully recording feedback and listening to employees, it is evident that employees are disgruntle with the current leadership of City of Stockbridge. Below are my findings of next steps to increase morale of employees.

**First Recommendation**

- **City Manager:** Although the City Manager had negative reviews on how he leads and lack of communication, it would be my recommendation to place the City Manager on a 90 day Performance Improvement Plan (PIP). I would outline a plan for areas improvement and hold him accountable.
- I would also require him to have some executive coaching to close gaps
- Council would need to review an action plan for improvements

**Second Recommendation**

- **City Clerk:** I would consider removing the city clerk first, it appears this person has a great amount of influence on decisions within the city, negative reviews from the majority of employees and has the greatest negative impact on the City of Stockbridge employees and environment. It appears from hearing from the employees this will make a huge difference in how the City Manager manages and provide a better working environment for all.
- **Human Resource-** provide HR with some HR Coaching on how to win back integrity and trust. If this not vital, then finding an experience HR to help with building the morale and culture of City of Stockbridge.
- **Managers, Supervisors:** Although many managers have been provided leadership training, maybe one on one coaching is now necessary to ensure they know how to lead and have difficult conversation with employees. A mandatory Leadership Academy is a suggestion to ensure City of Stockbridge have the right leaders leading their employees.

**Third Recommendation**

**Citywide Employee Recognition Program**

- ☒ Develop or revised a new recognition program- let it be employee driven
- ☐ This should be spearheaded by HR

Should you need additional partnership or consulting assistance, we are here to help in the areas of recruitment, policy development, training and executive and staff coaching.

To learn more about our services, please visit us at [www.simplyhrinc.com](http://www.simplyhrinc.com)

Best regards,

*Tonia Morris*

Founder & CEO  
Simply HR, Inc.





**PROCUREMENT DIVISION**

4640 North Henry Boulevard, Stockbridge, Georgia, 30281 | Phone: (770) 389-7900

Date: Thursday, July 8, 2021

To: Randy Knighton, City Manager  
Renee Wheeler, Human Resources Director

From: Wanda J. Cooley  
Procurement Division

***SUBJECT: AMENDMENT TO INCIDENT REPORT DATED THURSDAY, JUNE 24, 2021***

In an effort of removing semblances of ambiguity, I submit an amendment to my incident report submitted June 24, 2021.

On the first page, paragraph three of my report, I stated that I “turned around to exit her office and saw the City Clerk, Mrs. Holiday holding the documents...”.

To clarify what I saw, Mrs. Holiday was hiding behind the door, which was clearly seen as I was about to exit Ms. Webster’s office. I told Mrs. Holiday that I needed to exchange a document that was in her hand. She stated that she had to make copies. I reached for the document, taking it from her hand. I removed the incorrect page, replacing it with the corrected page while she waited. She took the pages from me and proceeded down the hall. I returned to my workstation on the ground level.

Since my January 11, 2021 appointment as Procurement Specialist with the City of Stockbridge, I have become increasingly more aware of the extreme sensitivity of most documents, revealing that the matter of confidentiality is of utmost importance. This fact alone gives me pause when it comes to walking away from my cubicle to do basic things like take a restroom break, going to lunch, or walking away from the area just to go to the copier. So, to experience this type of incident causes me to be very apprehensive about the security of protocol in an effort to successfully complete each project. And although it is not my intent to be accusatory towards anyone, it is my responsibility to report such instances on my behalf, in the event of loss of documentation, which could jeopardize my job.

Sincerely,

Wanda J. Cooley  
Procurement Specialist  
City of Stockbridge Procurement Division



Where Community Connects

**PROCUREMENT DIVISION**

4640 North Henry Boulevard, Stockbridge, Georgia, 30281 | Phone: (770) 389-7900

Date: Thursday, June 24, 2021

To: Randy Knighton  
City Manager

From: Wanda J. Cooley  
Procurement Division

Subject: Submittal of Documentation Regarding Request For Proposal (RFP) 2020-0028 – City of Stockbridge Tree Surgeon Service – Public Works Department – ArborServ, Inc. – City of Stockbridge Procurement

I submit this incident report of activity that occurred Wednesday, June 23, 2021.

After the hour of 12 Noon, I entered the office of the Executive Assistant to the City Manager, Charisma Webster, for the purpose of presenting documentation, which needed to have been executed by the City Manager, Mr. Knighton. Once submitted, Ms. Webster and I exited her office together – she leaving for lunch, and I returned to work.

When returning to my workstation, I discovered that one of the documents needed to have been corrected. As I returned to Ms. Webster's office, I noticed that her office door was ajar. Upon entry, I saw that the packet of information was not where Ms. Webster placed it. I turned around to exit her office and saw the City Clerk, Mrs. Holiday holding the documents. I asked her for the documents so that I could place the corrected page in the packet, and I did so. Ms. Holiday stated that she needed to make a copy, and proceeded down the hall towards the copy room. She asked if it was going before Council, and I told her no, because of the ordinance granting the City Manager authority to approve contracts below \$25,000.00. The following was documentation was included in the packet:

1. Procurement Division Memorandum dated June 23, 2021 – requiring City Manger's execution
2. Exhibit 1 – Evaluation Committee Ranking List
3. Exhibit 2 - Response List
4. Contract Copies (3) – requiring City Manager's execution

I thought it wise to submit this information so that it is officially noted of my intent for re-entering Ms. Webster's office while she was absent, and for documentation tracking purposes.

Sincerely,

A handwritten signature in black ink, appearing to be 'Wanda J. Cooley', written over a horizontal line.

Wanda J. Cooley  
Procurement Division  
City of Stockbridge

Name	LastWriteTime
Notes from Laquinda Jackson.docx	1/16/2020 18:02
Recap of meeting with LJackson and VHoliday.docx	2/10/2020 22:02
Memorandum on workplace issue meeting with VHoliday 2.24.2020.docx	3/3/2020 18:02
Memorandum on workplace issue VHoliday and LJackson 2.24.2020.docx	3/3/2020 18:02
Memo to Rknighton on Cmoore	3/2/2020 0:00
Memo from Rknight to staff on Communication to Council Members	8/19/2020 0:00
Econuel Ingram Statement on Signs for Blood Drive.docx	9/29/2020 10:39
Memo from Vholiday re Mdavies Remarks	10/13/2020 0:00
Claims Acknowledgment from M Gallagher on CMoore.pdf	10/14/2020 16:17
Memorandum on workplace harassment issue Chantal Burdett Lamar.docx	6/22/2021 15:22
C. Lamar complaint 052821.docx	6/22/2021 15:27
Incident re C Webster Office 6.23.21.docx	6/24/2021 8:32
Statement From V Holiday on W Cooley statement.pdf	6/28/2021 11:38
Meeting with Camilla Moore and Randy Knighton 8.23.18.docx	7/7/2021 10:07
Meeting with Vanessa, Camilla and Randy Knighton 8.24.18.docx	7/7/2021 11:33
Memo to Mr. Knighton 11.28.18.docx	7/7/2021 12:06
Meeting on Souvenir Bag Event Situation 10.29.19.docx	7/7/2021 12:24
RKnighton conversation re V Holiday 6.3.21.docx	7/7/2021 15:24
Code Enforcement Issue with Councilwoman Barber 3.18.20.docx	7/9/2021 11:40
Shannon Maddox and Inquire of Schedule.docx	7/21/2021 16:03
V Holiday complaint to City Attorney Workplace Environment	7/26/2021 0:00
Workplace Internal Investigation.docx	8/12/2021 9:49
Letter to EEOC regarding Available Date for Mediation.pdf	9/1/2021 15:08
Lindell Miller Complaint.pdf	9/2/2021 16:01
Workplace Internal Questions for Alleged Harasser.docx	9/7/2021 9:15
Lindell Miller EEOC 9.13.21.docx	9/13/2021 16:32
Internal Investigation into Workplace Bullying.docx	9/15/2021 16:14
Memo from Vholiday on Deliberate Attacks	9/17/2021 0:00
Memo to Sharee Lane on Censure of Councilman Blount.docx	9/29/2021 14:00
Incident filed by KStewart.docx	9/29/2021 16:48
Follow up on Issue re ZPearson.docx	9/29/2021 16:59
Vholiday memo to HR and CM on Zpearson email	9/28/2021 0:00
Vholiday memo to Rknighton on Levi Conference Room Event	10/7/2021 0:00



Vholiday memo on Mask wearing in office	11/11/2021 0:00
Vholiday memo to Mayor on Violationof Mask Protocol	11/11/2021 0:00
Memos on Using Staff for City Events.pdf	11/9/2021 15:13
Follow up to VHoliday on my not addressing her memos.docx	11/11/2021 10:52
Documents sent to Jamala for review.pdf	11/12/2021 17:18
2021 Stockbridge Legal Request Form (003).pdf	12/3/2021 9:13
Follow up on issue with V Holiday on Code Enforcement Citation.docx	12/28/2021 16:18
Follow up on issue with V Holiday on C Webster Office.docx	12/28/2021 17:04
Chantal Lamar Counsieling Form 1.10.22.pdf	1/19/2022 10:55
Memo on retaliation and violation of confidentiality filed by RRainey.docx	2/15/2022 13:55
Formal Complaint Filed by RRainey.pdf	2/15/2022 13:57
HR Meeting with Camilla Vanessa and Mr. Knighton 8.24.18.docx	2/18/2022 10:35
Memo to Attorney on RRainey complaint 2.16.22.docx	2/21/2022 12:07
RRainey Workplace Complaint Not subject ot ORR.pdf	2/21/2022 12:12
Vholiday letter on a Workplace Complaint	3/2/2022 0:00
Rex Hill Complaint .docx	5/13/2022 9:53
Memo on complaints on Rod Woods.docx	5/13/2022 12:59
Hostile Work Environment Questions Water Department.docx	5/19/2022 8:57
Memo requesting meeting with CM, HR, Treasurer	5/21/2021 0:00
Climate Survey.pdf	12/20/2022 11:40
Memo to Lindell based on email questions.docx	12/28/2022 10:07
Response to Lindell Miller regading resolution on procurement ordinance.docx	12/28/2022 16:10
Response to emails from Lindell on Surplus items and WWTP contract.docx	12/28/2022 16:11
Donnie Mullis Workplace Harassment Admin Memo.docx	3/15/2023 16:00
Memo on workplace harassment in Water Dept..docx	3/17/2023 14:33
Water Dept Alleged Workplace Harassment 3.14.23.pdf	3/17/2023 14:39
Memo to Robert Wiswell on workplace harassment in Water Dept.docx	3/20/2023 9:41
Memo to Ryan Barry on workplace harassment in Water Dept.docx	3/20/2023 9:41
Memo to George McLean on workplace harassment in Water Dept.docx	3/20/2023 9:42
Meeting with Water Dept on May 2022.pdf	3/21/2023 13:40
Notification of Workplace Investigation.docx	4/25/2023 14:27
Questions Asked Hugh Hamilton.docx	4/26/2023 10:07
Investigation Follow Up Letter to Complainant.docx	4/26/2023 10:12
Questions for complainant.docx	4/26/2023 13:28

Rex Hill Interview on Complaint Filed.docx	4/27/2023 11:53
Bullying Environment Questions asked to Chris Swanson.docx	4/27/2023 12:10
Howard Sanford Statement.docx	5/4/2023 12:36
Workplace complaint findings.docx	5/8/2023 15:30
Employee New Hire Evaluation (new) EBlount.docx	9/7/2023 10:11
Response to email from JGreenway.docx	9/11/2023 16:34
CM response to RWiswell Grievance.docx	9/12/2023 16:03
Response to Robert Wiswell Grievance Complaint.docx	9/12/2023 16:03
Response to RWiswell Grievance 9.12.23.pdf	9/13/2023 14:24
HR Meeting with Frank Trammer and Capt. Anderson 12.7.22.docx	10/26/2023 17:42
Stockbridge HR EEOC Complaint Summary KAnderson 10.26.23.pdf	10/27/2023 8:58
Memo to Attorney on EEOC from EBlount.docx	12/1/2023 17:12
Blount doc retention notice.docx	12/5/2023 8:58
City of Stockbridge Investigation Report DRAFT(2143509.2).docx	12/5/2023 10:13
Complaint against Kim Jordan (1).docx	12/5/2023 16:11
Erica Blount Compliant.docx	12/6/2023 8:49
EBlount Charge of Discrimination.pdf	12/8/2023 13:23
Detective Acosta Letter of Concerns.pdf	3/5/2024 17:20
Camilla Moore Discrimination Charge.pdf	3/21/2024 15:16
Lindell Miller Discrimination Charge 2021.pdf	3/21/2024 15:22
Hostile work environment and harassment.docx	5/1/2024 15:24
Jami Lynch PD.pdf	5/7/2024 15:20
Jami Lynch PD doc 2.pdf	5/7/2024 15:41
Econuel Ingram 3.29.2020.pdf	5/31/2024 16:42
Lindell Miller Complaints emails.pdf	6/5/2024 12:19

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## Renee Wheeler

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**From:** Lindell Miller  
**Sent:** Tuesday, August 17, 2021 7:17 PM  
**To:** Renee Wheeler  
**Cc:** Jamala McFadden; Lindell Miller  
**Subject:** FW: Updates to the Procurement Manual - Councilman Thomas  
**Attachments:** Memo on Procurement Revisions v4.pdf  
  
**Importance:** High

Renee, I am forwarding this email in reference to my complaint sent on today. My hopes that this addressed by HR.

Best Regards and Be Safe!!



Lindell Y. Miller, MBA, CPPO  
Procurement Manager  
[lmiller@cityofstockbridge-ga.gov](mailto:lmiller@cityofstockbridge-ga.gov)  
Telephone Number: (678) 833-3322  
Cellular Number: (678) 908-7945

**REMEMBER TO REGISTER AS A VENDOR!**  
**Procurement Division**  
[www.cityofstockbridge.com/procurementdivision](http://www.cityofstockbridge.com/procurementdivision)

**From:** Lindell Miller  
**Sent:** Tuesday, August 17, 2021 4:08 PM  
**To:** Quinton Washington <[quinton@bellwashington.com](mailto:quinton@bellwashington.com)>; Randy Knighton <[rknighton@cityofstockbridge-ga.gov](mailto:rknighton@cityofstockbridge-ga.gov)>;  
Jeremy T. Berry <[JBerry@cglawfirm.com](mailto:JBerry@cglawfirm.com)>; Jamala McFadden <[jmcfadden@theemploymentlawsolution.com](mailto:jmcfadden@theemploymentlawsolution.com)>  
**Cc:** Lindell Miller <[LMiller@cityofstockbridge-ga.gov](mailto:LMiller@cityofstockbridge-ga.gov)>  
**Subject:** RE: Updates to the Procurement Manual - Councilman Thomas  
**Importance:** High

Randy, I had to leave the office for the remaining of the day. John has approved it, but I am so tired of the constant attacks by Councilwoman Barber, the Clerk and now Councilman Thomas. I am so emotionally tired of it. This has been going on for almost two years. I am requesting that you address the lie told by Councilman Thomas that there are deficiencies in my work. My work has no less than stellar. I have given this City more than 100% and I will not have my



- Councilman Thomas states that Procurement staff receive training for deficiencies, no deficiencies have ever been pointed my evaluations are nothing less than stellar and I was promoted last year. What deficiencies is Councilman Thomas speaking of and did he point out deficiencies for other Divisions and departments?
- All items processed by the Procurement Division has always been approved by the City attorney prior to Council approval.

I feel that I am being targeted by the City Clerk, Councilwoman Barber and Councilman Thomas. This has become a witch hunt and has they have totally harassed and stressed me out over the past two years. I feel that the manner in which I am being treated and embarrassed in public settings is unfair and discriminatory. I have always given this city 100% and it is shameful the way in which I have been treated, this is my reward for working hard for the City.

Best Regards and Be Safe!!



Lindell Y. Miller, MBA, CPPO  
Procurement Manager  
[lmiller@cityofstockbridge-ga.gov](mailto:lmiller@cityofstockbridge-ga.gov)  
Telephone Number: (678) 833-3322  
Cellular Number: (678) 908-7945

**REMEMBER TO REGISTER AS A VENDOR!**  
**Procurement Division**  
[www.cityofstockbridge.com/procurementdivision](http://www.cityofstockbridge.com/procurementdivision)

**From:** Quinton Washington <[quinton@bellwashington.com](mailto:quinton@bellwashington.com)>

**Sent:** Tuesday, August 17, 2021 1:36 PM

**To:** Lindell Miller <[LMiller@cityofstockbridge-ga.gov](mailto:LMiller@cityofstockbridge-ga.gov)>; John Wiggins <[Jwiggins@cityofstockbridge-ga.gov](mailto:Jwiggins@cityofstockbridge-ga.gov)>; Randy Knighton <[RKnighton@cityofstockbridge-ga.gov](mailto:RKnighton@cityofstockbridge-ga.gov)>; Jeremy T. Berry <[JBerry@cglawfirm.com](mailto:JBerry@cglawfirm.com)>

**Subject:** Updates to the Procurement Manual

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

All,

As the new city attorneys we have been reviewing the city codes and processes to make sure that Stockbridge has processes and procedures to

**Certification of Health Care Provider for  
Employee's Serious Health Condition  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.  
RETURN TO THE PATIENT.

OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at [www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

### SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: Lindell Yvette Miller  
*First Middle Last*
- (2) Employer name: City of Stockbridge Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)
- (3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)
- (4) Employee's job title: Procurement Manager Job description ☐ is / ☐ is not attached.  
Employee's regular work schedule: 8 am - 5 pm  
Statement of the employee's essential job functions: The Procurement Manager is an exempt professional level position that reports to the Finance Director. The purpose of this classification is to perform duties related to  
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

### SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care* or *continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.



Employee Name: LindellYvetteMillerHealth Care Provider's name: (Print) Cigna - The Counseling Collaborative - Bethany Rakestraw under supervisioHealth Care Provider's business address: 1109 S Park St Carrollton, GA 30117Type of practice / Medical specialty: Mental Health Counseling and ServicesTelephone: (678) 664-3434 Fax: ( ) E-mail: hello@counselingcollaborativeonline.com**PART A: Medical Information**

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) State the approximate date the condition started or will start: 12/16/22 (mm/dd/yyyy)(2) Provide your **best estimate** of how long the condition lasted or will last: 60 days

(3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_

☒ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (☒ has been / ☒ is expected to be) incapacitated for *more than* three consecutive, full calendar days from 01/05/2023 (mm/dd/yyyy) to 02/05/2023 (mm/dd/yyyy).

The patient (☒ was / ☒ will be) seen on the following date(s): 12/27/2022, 01/05/2023, weekly after for i

The condition (☒ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).

☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

Employee Name: LindellYvetteMiller

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_

**PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient (☒ had / ☒ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): 12/27/2022, 01/05/2023, weekly for indeterminate

- (6) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week) \_\_\_\_\_

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From 01/05/2023 (mm/dd/yyyy) to 02/05/2023 (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week) 4 hr/day work remotely

- (8) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the period of incapacity.

- (9) Due to the condition, it (☐ was / ☐ is / ☐ will be) medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur \_\_\_\_\_ times per (☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ (☐ hours / ☐ days) per episode.



Employee Name: LindellYvetteMiller**PART C: Essential Job Functions**

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

- (10) Due to the condition, the employee (■ was not able / ■ is not able / ■ will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform: Attending council meetings, Attending meetings where Councilwoman Barber, Councilman Thomas, and

Signature of

Health Care Provider

Sophany RokestrawDate 01/04/2023

(mm/dd/yyyy)

**Definitions of a Serious Health Condition** (See 29 C.F.R. §§ 825.113-.115)**Inpatient Care**

- An overnight stay in a hospital, hospice, or residential medical care facility.
- Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

**Continuing Treatment by a Health Care Provider (any one or more of the following)**

**Incapacity Plus Treatment:** A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

**Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.

**Chronic Conditions:** Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.

**Permanent or Long-term Conditions:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.

**Conditions Requiring Multiple Treatments:** Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**

**Certification of Health Care Provider for  
Employee's Serious Health Condition  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**



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RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003  
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at [www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

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- (1) Employee name: Lindell Yvette Miller  
*First Middle Last*
- (2) Employer name: City of Stockbridge Date: \_\_\_\_\_ (mm/dd/yyyy)  
(List date certification requested)
- (3) The medical certification must be returned by \_\_\_\_\_ (mm/dd/yyyy)  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)
- (4) Employee's job title: Procurement Manager Job description (☐ is / ☐ is not) attached.  
Employee's regular work schedule: 8 am - 5 pm  
Statement of the employee's essential job functions: The Procurement Manager is an exempt professional level position that reports to the Finance Director. The purpose of this classification is to perform duties related to  
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

**SECTION II - HEALTH CARE PROVIDER**

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care* or *continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.



Employee Name: Lindell Yvette Miller

Health Care Provider's name: (Print) Cigna - The Counseling Collaborative - Bethany Rakestraw under supervisio

Health Care Provider's business address: 1109 S Park St Carrollton, GA 30117

Type of practice / Medical specialty: Mental Health Counseling and Services

Telephone: (678) 664-3434 Fax: ( ) E-mail: hello@counselingcollaborativeonline.com

### **PART A: Medical Information**

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

- (1) State the approximate date the condition started or will start: 12/16/22 (mm/dd/yyyy)
- (2) Provide your **best estimate** of how long the condition lasted or will last: 60 days
- (3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_

☒ **Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)

Due to the condition, the patient (☒ has been / ☒ is expected to be) incapacitated for *more than* three consecutive, full calendar days from 01/05/2023 (mm/dd/yyyy) to 02/05/2023 (mm/dd/yyyy).

The patient (☒ was / ☒ will be) seen on the following date(s): 12/27/2022, 01/05/2023, weekly after for i

The condition (☒ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (mm/dd/yyyy).

☐ **Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

☐ **Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

☐ **Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.



Employee Name: LindellYvetteMiller

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) \_\_\_\_\_

**PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient (☒ had / ☒ will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): 12/27/2022, 01/05/2023, weekly for indeterminate

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State the nature of such treatments: (e.g. cardiologist, physical therapy) \_\_\_\_\_

Provide your **best estimate** of the beginning date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week)

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

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(☐ day / ☐ week / ☐ month) and are likely to last approximately \_\_\_\_\_ (☐ hours / ☐ days) per episode.

Employee Name: Lindell

Yvette

Miller

**PART C: Essential Job Functions**

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

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Signature of

Health Care Provider



Date 01/04/2023

(mm/dd/yyyy)

**Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)****Inpatient Care**

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- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

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