

### EQUAL OPPORTUNITY POLICY

(Organization Name) City of Appleton is in compliance with the equal opportunity policy and standards of the Department of Workforce Development, Department of Health and Family Services and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, military participation, or use or non use of lawful products off the employers premises during non working hours. All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment. No otherwise qualified applicant for service or service participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin or ancestry, age, sex, disability or association with a person with a disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion, political beliefs or affiliation. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed Debra M Shufelt, (Title) Human Resources Deputy Director as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with this employee.

(Mr./Ms.) Shufelt may be reached on (Days) Monday-Friday  
from (Hours) 8:00am-4:30pm at (Telephone Number) Ø20 Ø32 - 6427

Information about discrimination complaint resolution process is available to you upon request.

Signature of Director or Chief Executive 	Signature Date <u>8/27/08</u>
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------

## LIMITED ENGLISH PROFICIENCY POLICY

### POLICY STATEMENT

The (agency name) City of Appleton is committed to:

Providing equal opportunity in all programs and services to ensure full compliance with all civil rights laws, including Title VI of the 1964 Civil Rights Act, which requires non-discrimination on the basis of national origin. Equal opportunity includes physical and program access for persons with disabilities and program access for persons with Limited English Proficiency (LEP). Program and physical access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 as amended, Section 504.

It is the policy of this agency to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served encountered by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

### DEFINITIONS

The following definitions and other provisions are applicable to this policy:

- **Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq. And its implementing regulation at 45 CFR part 80** - The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.
- **Limited English Proficiency - (LEP)** Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.
- **Vital documents** - A document, paper or electronic, that contains information that is critical for accessing the provider/agency services and/or benefits; letters or notices that require a response from the customer; and documents that inform customers of free language assistance.
- **Safe Harbor** - The threshold that permits programs to decide when a written translation is required in order to comply with Title VI of the Civil Rights Act of 1964. The following are the thresholds:
  - Written translations of agency vital documents will be provided for each eligible language group that constitutes at least 5% or 1,000 individuals, whichever is less, of the population of persons eligible to be served or encountered by programs in the service area.
  - If there are fewer than 50 persons in a language group, the recipient does not translate vital written materials, but provides written notice in the primary language of the LEP group of their right to oral interpretation of those written materials, free of cost.
- **Major LEP Language Groups** - The populations of persons with Limited English Proficiency (LEP) in Wisconsin that represent 5% or 1,000 individuals in the area. For Wisconsin, the **Statewide Major LEP Language Groups** are Spanish and Hmong.
- **Qualified Interpreters** - Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation, and awareness of relevant cultural issues.
- **Interactive Voice Response - (IVR System)** an automated system that enables callers to obtain and provide information over the telephone in English and other languages.

## LIMITED ENGLISH PROFICIENCY COORDINATOR

A Limited English Proficiency Coordinator (LEPC) will be appointed at the management level to oversee the LEP requirements and procedures, including as required by funding recipients. LEP planning and services are provided in coordination with provisions of equal opportunity in services and employment.

The agency management level Limited English Proficiency Coordinator is:

Name Kathy Stromberg	Phone Number (920) 832-6497
-------------------------	--------------------------------

The agency back-up LEPC is:

Name Kurt Eggelbrecht	Phone Number (920) 832-6433
--------------------------	--------------------------------

## ASSESSMENT AND PLANNING

LEP populations to be served will be assessed on an annual basis and the major language groups identified. Following the assessment, a plan and related procedures and requirements will be developed to meet the needs of eligible or encountered populations and assure compliance with the agency's LEP policy.

## MONITORING

Regular monitoring of the plan will be conducted in accordance with the agency's monitoring procedures.

## WRITTEN NOTICE OF LANGUAGE ACCESS RIGHTS

Language access statements shall inform LEP clients of their rights as follows:

- Their right to qualified interpreter services at no cost to them.
- Their right not to be required to rely on their minor children, other relatives, or friends as interpreters.
- Their right to file a grievance about the language access services provided them.

Written language access rights will be distributed in the major LEP languages through the following methods:

- Posting of signs in lobbies and waiting areas
- Customer orientations
- Statements in appeal notices
- Statements in brochures, booklets, outreach, recruitment information and other materials that are routinely disseminated to the public.

## EQUAL OPPORTUNITY POLICY AND DISCRIMINATION COMPLAINT POSTINGS

The Equal Opportunity Policy and Discrimination Complaint Process will be posted in plain view in the major languages in every service area or point of customer contact, i.e., reception or customer waiting areas.

## INTERPRETATION AND TRANSLATION

- **WRITTEN TRANSLATION**

Written translation of agency vital documents will be provided for each eligible language group that constitutes 5% or 1,000 individuals, whichever is less, of the population of persons eligible to be served encountered by our programs.

If there are fewer than 50 persons in a language group, the recipient does not translate vital written materials, but provides written notice in the primary language of the LEP group of their right to oral interpretation of those written materials, free of cost.

The provision of written translation of agency documents, including vital documents, will be in accordance with an annual agency plan that addresses costs and priorities.

- **ORAL INTERPRETATION**

Oral interpreters will be offered to customers in a timely manner free of charge. Services offered to LEP customers will be documented in appropriate records.

- **ACQUIRING TRANSLATION AND INTERPRETATION SERVICES**

Resources and procedures for obtaining oral interpretation and written translation will be made available to program staff.

The Wisconsin Department of Workforce secured services as follow. Information necessary for piggybacking on those services is attached.

#### **Oral Communication**

Contract Information for Telephone Conference-Call Foreign-Language Oral Interpretation Services  
<http://vendornet.state.wi.us/vendornet/asp/contractdetail.asp?BulletinID=1762>

#### **Written Communication**

Contract Information for Written Translations; Translation Services for written documents.  
<http://vendornet.state.wi.us/vendornet/asp/contractdetail.asp?BulletinID=1476>

- **COMPETENCY OF INTERPRETERS AND TRANSLATORS**

Qualified interpreters and translators will be utilized to provide services. Interpreters and translators will be screened for appropriate training and cultural sensitivity, and will be required to comply with agency confidentiality policies and Code of Ethics when interpreting or translating.

- **OTHER COMMUNICATION METHODS**

Interactive Voice Response Systems, voicemail, web pages, posters, videos, and media used will be made accessible to LEP populations in accordance with the agency's plan to translate vital documents and other materials.

Electronic systems and computer-generated notices will be made accessible to LEP populations in accordance with the agency's plan to translate vital documents and other materials.

#### **TRAINING**

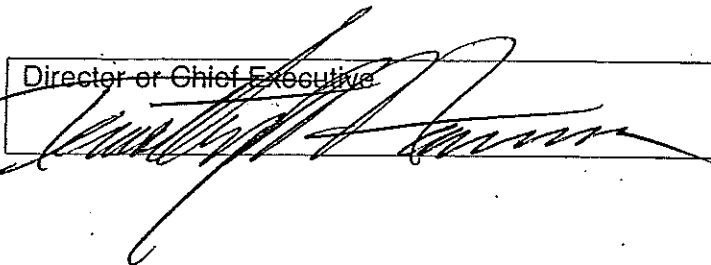
Training, including refresher training, will be made available to agency staff and funding recipients.

#### **COMMUNITY OUTREACH**

Community outreach to the major LEP groups served by the agency's programs will be conducted to ensure LEP customers have equal access to services.

**AUTHORITY**

Executive Order 13166  
Title VI of the Civil Rights Acts

Director or Chief Executive	Date
	11/20/05

ENGLISH LIMITED ENGLISH PROFICIENCY POLICY  
DWSD-13046 (R. 11/2003)-E

## HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, a military participation, or use or non use of lawful products off the employers or service providers premises during working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

**IMPORTANT:** If your application for service was not taken or your were told you were not eligible for a particular program BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. Your right to this review or hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. However, complaints alleging discrimination on the basis of age in USDA-FNS programs, this complaints will be forwarded to the appropriate FNS Regional OCR within 5 working days after receipt. FNS Regional OCR will refer the complaint to the Federal Mediation and Conciliation Services (FMCS) within 10 days of initial receipt by the agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say that they saw, heard or experienced.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place. IF you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at (920)832-6427 or TDD (920)832-5805. Send the complete form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

**File Formal Discrimination complaints about these services with the agencies listed below.**

PROGRAM	AGENCY
Wisconsin Works (W-2), Child Support, Emergency Assistance, Food Stamp Employment and Training, Learnfare, Day Care, Community Service Jobs, (W-2) Transitions, Job Access Loans, Refugee Services.	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7972 Madison, WI 53707-7972 V/TDD: 608-266-6889
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DWD funding.	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: 608-266-6860 TDD-Hearing Impaired: 608-264-8752
	Equal Rights Office

	819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: 414-227-4384, TDD: 414-227-4081
Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voice: 608-266-9372, TTY: 1-888-701-1251
<b>You also have the right to file a formal complaint with a federal agency.</b>	
Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.	HHS, Director, Office for Civil Rights Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voice) (202)-619-3257 (TTY)  U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Formal Discrimination Complaint about any program.	U.S. Dept of Justice Civil Rights Division 10th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD: 800-800-3302
Formal Discrimination Complaint for FoodShare Formerly Food Stamps, WIC, TEFAP and Employment and Training FoodShare Program.	USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY)  Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)  U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115  The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: 312-353-2158, TDD: 312-353-2158

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Equal Opportunity Coordinator Debra M. Shufel;t	Phone (Voice) (920) 832-6427	Phone (TDD) (920) 832-5805
----------------------------------------------------	---------------------------------	-------------------------------

Name of Complainant	Phone ( ) -
Address (number, street, city, state, zip code)	

**Basic for Service or Employment Discrimination Complaint** (such as: age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employers or service providers premises during working hours).

Name of the Agency and/or Employee or Employer Against Whom the Complaint is Filed.

Describe the action or treatment which you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add pages.

Description of the Relief or Satisfaction you Want:

Signature of Complainant or Complainant Representative	Date Signed
--------------------------------------------------------	-------------



The information below is to be completed by the person at the agency who receives your complaint, looks into and responds to you.

### Informal Complaint

Date Received	Received By	Title
Agency		

Actions and Individual(s) to be Investigated:

Findings (Must be completed within 30 days):

Action Taken:

Further Action Required?     Yes     No    If yes, what action is recommended?

ENGLISH DISCRIMINATION COMPLAINT FORMS  
DWSD-13005-E (R. 11/2003)

ATTACHMENT 1

**AFFIRMATIVE ACTION EQUAL OPPORTUNITY IN EMPLOYMENT POLICY**

It is the policy of (Organization Name) City of Appleton to implement Affirmative Action (AA) measures designed to eliminate present effects of past discrimination and to ensure equal opportunity for women, racial or ethnic minorities, and persons with disabilities.

City of Appleton (organization) recognizes the need to identify job groups and classifications with under-representation, and to set goals and timetables for increasing the employment of under-represented groups; and to develop an AA Plan for implementing those reasonable goals through outreach, recruitment, training and other activities and commitments.

Signature of Director or Chief Executive

Date Signed



11/20/06

### COMPLAINANT CONSENT/RELEASE FORM

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program(s) for which this Consent/Release Form apply:

\_\_\_\_\_

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form. I have read the Notice of Investigatory Uses of Personal Information by DHFS and DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DHFS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DHFS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DHFS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

#### CONSENT/RELEASE

CONSENT GRANTED- I have read and understand the above information and authorize DHFS or DWD to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DHFS or DWD to received material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and or medical records. I understand that the material and information will be use for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent: \_\_\_\_\_

CONSENT DENIED- I have read and understand the information and do not want DHFS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on the line if you do not give consent: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date