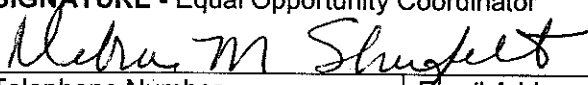
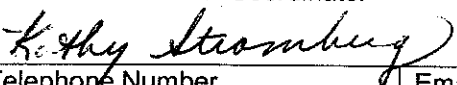
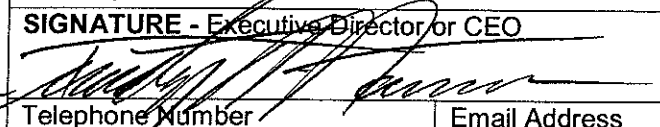


**APPENDIX A
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE**

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient/Direct Vendor City of Appleton		
Street Address 100 N. Appleton Street		
City Appleton	State WI	Zip Code 54911
Name of Equal Opportunity Coordinator Debra M. Shufelt		
SIGNATURE - Equal Opportunity Coordinator 		Date Signed 1/8/10
Telephone Number (920) 832-6427	Email Address debra.shufelt@appleton.org	
Name of Limited English Proficiency (LEP) Coordinator Kathy Stromberg		
SIGNATURE - LEP Coordinator 		Date Signed 1-12-10
Telephone Number (920) 832-6429	Email Address kathy.stromberg@appleton.org	
Name of Executive Director or Chief Executive Officer (CEO) Timothy M. Hanna		
SIGNATURE - Executive Director or CEO 		Date Signed 1-11-10
Telephone Number (920) 832-6400	Email Address mayor@appleton.org	

Notes:

- **Be sure to show the names in print and have the form signed where indicated.**
- **Important:** Please provide e-mail addresses, as we may communicate policy updates and other program information to the recipient, via e-mail.

Instructions for completing Recipient Contact Information and Signature Page

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

B. CIVIL RIGHTS COMPLIANCE PLAN TEMPLATE

Children and Families
DCF-F-154-E

Health Services
F-00164

Workforce Development
DETS-16706-E

1. **Recipient Contact Information and Signature Page APPENDIX A**
The same Recipient Contact Information and Signature Page previously completed for the CRC LOA should be used for this CRC Plan.
2. **Funding Relationship to DCF, DHS or DWD APPENDIX B**
The same Funding Relationship to DCF, DHS or DWD form previously completed for the CRC LOA should be used for this CRC Plan.
3. **Funded Programs Checklist APPENDIX C**
The Same Funded Programs Checklist previously completed for the CRC LOA should be used for this CRC Plan.
4. **Data Collection**
Recipients and sub-recipients must have a data collection system or method for reporting customer population data. This is a mandatory requirement of every recipient. Although funded recipients are not expected to submit the data with the CRC Letter of Assurance, the information will be requested and reviewed if a desk audit is conducted or during an on-site-monitoring compliance visits.

Employment:	
1. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every <u>1</u> year. The data collection process is in compliance with ADA requirements for confidentiality.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Our agency has a system that records the race, ethnicity and gender of our employees and applicants applying for employment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Service Delivery:	
3. Our agency has a system that records the race, ethnicity, sex/gender and disabilities status of:	
• Participants (Self-identification by the applicant, participant is the preferred method of obtaining characteristic data)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of potentially eligible or likely to be eligible participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of eligible LEP participants in separate programs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Interpretation needs of LEP participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of written translation of vital documents for LEP groups	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Number of sign language interpretation requests received from the deaf and hard of hearing participants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Other accommodation requests and needs from participants with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you responded "No" to any of the above questions, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of milestones, upon request.</i>	

Instructions for Completion of Data Collection Table

Each recipient shall keep customer data records to enable the contracting State agency to determine the recipient or sub recipient's compliance with equal opportunity in employment and service delivery. Recipients must collect and make available to the State agencies, racial, ethnic, gender, and disability data to illustrate the extent to which members of protected groups are beneficiaries of or participants in each federally and state assisted program. Primary recipients, sub-recipients and vendors are not required to submit the data information to DCF, DHS or DWD. The data collection requirement is needed for completing the Customer Service Population Analysis (CSPA) and LEP Customer Data Analysis (CDA) forms.

The data must be collected and retained on a program by program basis. The data should be kept as part of the CRC Plan requirements and will be reviewed if a desk audit or an on-site visit is conducted during a compliance review.

For recipient that extend federal or state financial assistance to another sub-recipient; the sub-recipient shall collect, retain and submit such data to the recipient that issued the contract, as may be necessary to enable the contracting recipient to carry out its civil rights compliance obligations. Recipients and sub-recipients must develop and maintain a data collection system to capture and report data in the following categories:

Race and ethnicity of participants

Recent changes in data collection requirements have resulted in a separation of data about ethnicity (i.e., Hispanic/Latino or not Hispanic/Latino) from data on race. In some cases, this will make comparisons difficult because older data collection systems included Hispanic/Latino as a racial group. Primary recipients and sub-recipients must have a system to report the race and ethnicity of its participants.

The ethnicity codes required by the federal Office of Management and Budget are:

- Hispanic/Latino;
- Not Hispanic/Latino.

The race codes required by the federal Office of Management and Budget are:

- African American or African;
- American Indian or Alaska Native;
- Asian;
- Native Hawaiian or other Pacific Islander;
- White; and
- More than one race
- Other information that must be collected:
- Female
- Persons with Disabilities
- Primary Language
- Accommodations

All recipients are required to have a data collection system that record:

- The number of eligible population likely to be encountered by programs in their service area.
- The number of oral interpretation requested by LEP participants and the number of LEP customers being served.
- A list of all vital documents that have been translated in written form for eligible LEP groups that meet the 5% or 1,000 population threshold. If written translations of vital documents are not provided, recipients and sub-recipients must document the method used to translate vital information as required by the US DHHS "Safe Harbor" guidelines.
- The number of sign language interpretation requests received from deaf and hard of hearing participants seeking services and those provided sign language interpreters.
- The number of accommodations request received and services provided to applicants and participants with disabilities.

5. Customer Service Population Data Analysis

Program Name(s): Refugee Health, PHER, Immunizations, Maternal Child (Complete a separate table for each program or contract checked on the Funded Programs Checklist. **If the eligible populations are the same for multiple programs** identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	70938	100%	2152	100%	N/A
White, not of Hispanic origin	64202		1392		N/A
African American or African origin	491	Combined #: _____ Combined #: <u>8865</u>	34	Combined #: _____ Combined #: <u>824</u>	
American Indian or Alaska Native	528		7		
Asian	3868		539		
Hispanic/Latino Regardless of age	2827		227		
Native Hawaiian or Other Pacific Islander	0		0		
More than 1 Race	1151		17		
Females	35861		1179		
Persons with Disabilities	14613		348		

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:
 Programs are based on referral, even self referral and all are accepted.

What can be tried to improve participation?
 Immunization system does not collect disability data.

If denials for service (including IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

How many informal and formal discrimination complaints were filed within the last 24 months? Recipients must maintain a log that records at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

None

Please comment on the **nature** of the discrimination complaints filed

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **“Eligible Population Likely to be Encountered”** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient’s program(s), whether or not they are currently being served.
- **“Percent of Eligible Participants in Each Protected Category Likely to be encountered”** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **“Eligible Population Served”** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **“Percent of Eligible Participants in Each Protected Category Served”** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: City of Appleton
- Data Source(s): 2000 Census, ACS Demographic & Housing Estimates 2006-08, SPHERE and RECIN Data Systems
- Date Period: From: 1/1/2009 To: 12/31/2009

This Customer Service Data Analysis was prepared by:

Kathy Stromberg, Public Health Nurse Supervisor

Name - Preparer


SIGNATURE - Preparer

3-17-10

Date Signed

6. Limited English Proficiency (LEP) Data Analysis

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the "safe harbor" federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **"Number of Eligible Population Likely to be Encountered in Service Area"** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient's program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column "Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **"Number of Eligible LEP Population Likely to be Encountered in Service Area"** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.
- **"Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area"** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **"LEP population served in the service area"** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the 4 programs administered by Appleton agency.

Program Names: MCH, Immunization, Refugee and Preparedness (Complete a separate table for each program or contract checked on the Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the "total Eligible Population Likely to be Encountered in Service Area – number" here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 70938.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance and Translation of Vital Documents
Number (b)	Percent (c) c = (b/a X 100)	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. Is less than 5% or Less than 1,000
Spanish: 755	1.06	148	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong: 1579	2.2	241	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*) :			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: 130	.18		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: City of Appleton
- Data Source(s): 2000 Census, ACS Demographic & Housing Estimates 2006-08, SPHERE and RECIN Data Systems
- Date from Previous 12 Months: From: 1/1/2009 To: 12/31/2009

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

None

This LEP Customer Data Analysis was prepared by:

Kathy Stromberg, Public Health Nursing Supervisor

Name - Preparer


SIGNATURE - Preparer

3-17-10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. Oral interpretation is provided upon request at no charge to the customer.
- b. We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

7. Equal Opportunity Policy and LEP Policy and Notification

a. Our agency is utilizing the DCF, DHS, DWD model for Equal Opportunity Policy Statement that is provided in Appendix D .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Instead of utilizing the model Equal Opportunity Policy Statement provided by the DCF, DHS, DWD, we are using our own policy statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in Appendix E .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Instead of utilizing the model for LEP Policy Statement provided by DCF, DHS, DWD, we have provided our own policy statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Our equal opportunity policy includes all of the protected groups required by federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) The policies are included in our policy and operating procedures manual.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) The policies are permanently posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) The policies are reviewed annually and updated by the Agency Head, Managers, Supervisors and Frontline staff.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) An Equal Opportunity in Employment and Service Delivery statement is posted in required languages on our entity's home web page.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) The EO and LEP policies are available in alternate formats upon request (i.e., relevant language translations, large print, on tape, Braille.) If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities when requested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) Is a short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7) USDA-FNS funded programs require nondiscrimination statements for FNS programs. The nondiscrimination statement does not need to be included in every page of the program brochures or Web pages. At the minimum, the statement can be linked to the home page.	<input type="checkbox"/> Does not Apply
• Does your agency' sources of information, such as brochures, Web sites, and other outreach material include the FNS nondiscrimination statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the County or local agencies instruct their sub-recipients to inform the public about FNS programs and nondiscrimination statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) The EO and LEP policies are incorporated in contracts, agreements and Purchase Orders with vendors and contractors for services.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9) Customer referral sources are notified of the EO and LEP policies.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

3. Policies are updated on a regular basis when changes are needed and reviewed every 3-5 years.
6. We will review and develop a short form.
8. This will be reviewed with our purchasing Manger.
9. We will send a short version to the listing of agencies we send open postiiions to.

8. **Designation of an Equal Opportunity Coordinator and LEP Coordinator**

a. Management level employees are appointed to the positions of Equal Opportunity Coordinator (EOC) and Limited English Proficiency Coordinator (LEPC).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our EOC and LEPC receive or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> • Indicate date EOC received CRC Training _____ • Indicate date LEPC received CRC Training _____ 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. The names of our EOC and LEPC are typed on the Recipient Contact Information and Signature Page and the individuals signed the page indicating an understanding of their responsibilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Our EOC and LEPC have the following responsibilities:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Handling service delivery, employment discrimination and language access complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Acting as a liaison between the provider, DCF, DHS, DWD federal agencies and the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) Monitoring, conducting compliance reviews, and evaluating equal opportunity and language access activities in the organization.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6) The EOC and LEPC have responsibility for monitoring and evaluating civil rights, cultural awareness, disability sensitivity, language needs of entity/provider staff and arrange annual training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7) If the primary recipient, vendor or entity sub-contracts part of the funding, who is responsible for ensuring training, monitoring, evaluating and ensuring civil rights, cultural awareness, disability sensitivity, and language needs are being met: <ul style="list-style-type: none"> • Provide Name: _____ • Sub-recipients/Subcontractors • Supervisors/Managers/Administrators • Frontline Staff 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that sub-recipients and sub-grantees are maintaining records uniformly for all individuals, regardless of protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9) Providing input to management to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10) Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

9. Access to Services

<p>a. A copy of the Wisconsin Program and Service Access Self-Assessment Checklist for your facility or facilities is completed and maintained on file in your agency. <i>A model is provided under Appendix I.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Public entities and public accommodations are required to follow specific architectural standards in the new construction and alteration of their buildings. Public accommodations entities must remove barriers in existing buildings or relocate programs or otherwise provide access in inaccessible older buildings. To assist entities in determining their compliance with the ADA accessibility requirements for new construction or facilities undergoing alteration we recommend entities use the <u>ADAAG Accessibility Checklist</u>. Entity that completed a previous ADAAG Accessibility Checklist should maintain a copy on file and make it available at the time an on-site-monitoring visit is conducted by the contracting entity or CRC monitoring staff.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Our agency assures that services are equally available to everyone by:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>1) Providing equal access to all programs, services or activities, including but not limited to eligibility, treatment, staff assignments, outreach, intake, diagnosis, assessment, evaluation, research, days and hours of service, facilities assignments, communication of information and referrals to other services.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>2) Assuring physical access to the facilities by allowing persons with functional limitations caused by impairments of sight, hearing, coordination or perception, or persons with semi-ambulatory or non-ambulatory disabilities to enter, leave, circulate within, use public toilet facilities and elevators.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3) Providing sign-language interpreters for those who are deaf and hard of hearing.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4) Providing interpreters to assist applicants and customers with limited ability to read speak or understand English. NOTE: Recipients must PROMINENTLY display "I Speak" posters in the customer's language of the LEP groups identified in the LEP Customer Data Analysis completed by the recipients, The I speak poster must state, "You have the right to an interpreter at no cost to you. Please point to your language," the statement must be translated to reflect the LEP languages according to the recipients LEP Customer Data Analysis for their service area. <u>The "I Speak" Card can be printed directly from the website by clicking on this link.</u> For pre-literate populations or language groups, provide an audio format or version of this information.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5) Providing literature, posting information and audio-visual materials in language(s) understood by customers, and in formats that are understandable to persons with visual or hearing impairments.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6) Providing readers or assistive technology for persons with visual impairments when a request for an accommodation is made.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7) Providing special assistance in the form of an accommodation for persons with developmental or learning disabilities.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>8) Providing services to eligible applicants or participants who are in a protective status (i.e., eligible immigrants), informing them that information regarding their immigration status will not be reported to other federal agencies, and will not be used to discriminate against them.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards on local levels through notification of membership opportunities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10) Allocating funds for programs, services, and activities in a non-discriminatory manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11) Providing equal opportunity for applicants to become vendors, grantees and sub-grantees, and contractors in programs, services or activities where this is allowed. Using nondiscriminatory factors in determining awards, sizes of grants, contracts, projects, and the quality, quantity, range of benefits provided in proportion to the number of such members in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12) Establishing or developing program service areas to integrate members of protected classes and enabling them to receive equal opportunity in service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13) Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contact.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14) Incorporating training and posting policies for our employees regarding treating protected class members with full courtesy, respect, in all personal, oral, written, and other forms of communication and contacts. This includes listing the names and other identifiable information of the EOC and the LEPC to allow those protected by laws who wish to file a complaint against the agency/employee the ability to file.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15) Providing culturally trained bilingual and/or bicultural qualified staff and specialized services to maximize use and completion of the program by the protected class.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16) Ensuring that sanctions and terminations are applied in a culturally sensitive, nondiscriminatory manner without regard to protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17) Providing access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18) Notifying LEP customers of their right to ask for translation at no cost to a language other than English whenever they access programs and services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19) Preparing a listing of our vital documents requiring written translation and updating annually to reflect which documents have been translated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20) Developing policies on confidentiality and code of ethics for oral interpretation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21) Developing collaborative partnerships to the extent possible, with culturally relevant community based organizations and stakeholders. For example, establishing an LEP Council as advisory to your agency on cultural and linguistic issues of the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Our agency uses the following methods of written translation services:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Contract with an outside translation services to translate the agency's vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Partner with community associations for paid or voluntary translation of vital documents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Receive and utilize translated materials only from federal and state agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Other—Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Our agency uses the following methods of oral interpretation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Establish oral language procedures for taking incoming calls from LEP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

persons and trained our receptions to utilize oral interpretation resources.	
2) Our agency hires bilingual staff who are proficient in the following languages: <ul style="list-style-type: none"> • Spanish • Hmong • Russian • Other languages: _____. 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) Use a language line for languages not often used in the service area.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Partner with other community organizations for paid or voluntary oral interpretation services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5) Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. List methods used to communicate vital documents to customers. Check all that apply:	
<input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Web Sites <input checked="" type="checkbox"/> Posters <input checked="" type="checkbox"/> Voice Mail Messages <input type="checkbox"/> Interactive Voice Response (IVR)	<input type="checkbox"/> Television <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Community Newspaper <input type="checkbox"/> Other—

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

Using contracted interpreter agencies and language lines have met the needs of our LEP population. At times more than one interpreter is needed for the same time period. Being able to get more than one through contract agencies, meets our needs.

10. Discrimination Complaint/Grievance Procedures

<p>a. Our agency is utilizing the DCF, DHS, DWD model Discrimination Complaint Forms and Process, which is provided in Appendix F, including the translations required in accordance with LEP Plan for vital documents.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Instead of utilizing these model Discrimination Complaint Forms and Process, we have provided our own Discrimination Complaint forms, including the translations required in accordance with LEP Plan for vital documents. Our model policy and form explains the informal and formal complaint process where the complainant may file a formal complaint with the appropriate State or Federal agency by providing them the instructions and forms</p> <ul style="list-style-type: none"> • DCF • DHS Complaint http://dhs.wisconsin.gov/civilrights/index.htm • DHS Instructions to complete the complaint http://dhs.wisconsin.gov/forms/f8f80983a.pdf • DWD • US DHHS Region V Office of Civil Rights, Chicago • US DOJ Office of Civil Rights, Washington D.C. • USDA, Office of Civil Rights, Washington D.C. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Our organization will implement the following procedures:</p>	
<p>1) The complaint resolution procedures, including the name, address and phone number of the equal opportunity coordinator, limited English proficiency coordinator or complaint investigator, is publicly posted in language(s) understood by customers, and is in a format or formats accessible to persons with visual or hearing impairments.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>2) All written investigation documents are held confidential.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3) All participants in complaint investigations are advised and protected from retaliation.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4) Complaints received will be acknowledged within 5 calendar days including appeal rights. If extensions are needed, the complainant will be notified.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5) Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6) Corrective action is taken when evidence of discrimination has been found.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7) Translators, interpreters and/or readers, who meet the communication needs of customers, are provided by the agency during the complaint process.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>8) Customers are permitted to have representatives of their choice during the complaint process.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>9) Complainants are made aware of other venues of redress, including the right to appeal for:</p> <p>a) Discrimination in service delivery or language access to:</p> <ul style="list-style-type: none"> • DCF Civil Rights Unit • DHS Civil Rights Compliance Office • DWD Civil Rights Unit • Appropriate Federal Office for Civil Rights (depending on the source of federal funds) <p>b) Negative program decisions to:</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> • Division of Hearings and Appeals (DOA) <p>c) Federal Agencies:</p> <ul style="list-style-type: none"> • US DHHS, Region V OCR, Chicago • USDA, Office of Civil Rights, Washington D.C. • US DOJ, Office of Civil Rights, Washington D.C. <p>(Note: Recipients or Sub-recipients administering USDA-FNS, this includes the Supplemental Nutrition Assistance Program (SNAP), Formally (Food Stamps), WIC Program, and TEFAP services, and activities must forward all complaints alleging discrimination on the basis of "age" to the appropriate State agency, DHS who must forward all complaints asserting age discrimination to FNS Regional Office of Civil Rights for investigation.)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>10) Employees are made aware of other venues of redress for: Discrimination in employment conditions to:</p> <ul style="list-style-type: none"> • Wisconsin Equal Rights Division (ERD) • Equal Employment Opportunity Commission (EEOC), US DOJ • Federal Office of Contract Compliance (FOCC) US DOL • Appropriate Federal Office for Civil Rights (depending on the source of federal funds). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>11) Recipient or sub-recipient staff will assist complainants during the complaint process if necessary.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>12) Complainants are informed that the complaint must be filed within 180 days from alleged discriminatory act. Filing times may be extended if deemed necessary.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

12. The City will research putting this in policy if not included on employment postings.

11. Training Requirements

a. The following CRC training requirements apply to Agency Heads, Administrators, Mid-Level Managers and Front-line staff of Non-USDA-FNS funded recipients:	
1) New employees, managers are informed of the CRC policies as part of their orientation program and in-service training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) New staff will receive training on the CRC policies, along with instructions on how the laws and regulations provide protections to protected groups involving equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3) Copies of the civil rights laws and regulations are made available to staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4) Staff refresher training on CRC and updates are required once every three years if you are a non-USDA-FNS funded program.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The recipient is a USDA-FNS funded agency. These include; FoodShare Food Stamp Employment and Training (FSET), Women Infant and Children (WIC) and The Emergency Food Assistance Program (TEFAP). (If No, the agency does not have to answer c. 1) - 5) below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Annual CRC training is required for staff of recipients administering USDA-FNS funded programs, services and activities. These include; FoodShare, FSET, WIC, and TEFAP.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1) Our agency will provide annual CRC training to the following staff: <ul style="list-style-type: none"> • Agency Heads • Administrators • Mid-Level Managers • Front-line staff 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) New employees, managers are informed of the CRC requirements and policies as part of their orientation program and in-service training.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) New staff will receive training on the policies, along with instructions on the laws and regulations concerning equal opportunity in employment and service delivery.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) Copies of the nondiscrimination laws and regulations are made available to staff.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5) Our agency sub-contracts USDA-FNS funds and it has developed or is planning to develop annual CRC training in compliance with FNS Instructions 113-1 for the following: <ul style="list-style-type: none"> • Sub-recipients and their Supervisors, Managers, Administrators Frontline Staff 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

c. Does not apply.

12. Self-Assessment

Our agency annually assesses and revises its service delivery, employment practices and language access according to the following procedures:	
a. Conduct a self-assessment in consultation with interested persons or organizations. Modify any policies or practices that do not meet the standards for equal opportunity in employment or service delivery, and language access.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Take appropriate remedial steps to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Maintain records of the assessment process, including the names of interested persons who were consulted, a description of the areas examined and any problems identified, and a description of remedial steps taken and/or modifications made. Make records available to state and federal monitoring staff upon request.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Review data on customers served within programs, services or activities, by racial and ethnic status, gender, age, disability status, in proportion to their representation in the eligible service area population, to determine that no person is excluded from participation, denied any benefits, or subjected to discrimination. Data analysis will include comparisons of applicants, eligible, non-eligible, persons terminated from service, and bilingual staff persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Monitor reasonable accommodation procedures for employees with disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Monitor the civil rights and equal employment opportunity compliance assurance of sub-grantees, sub-contractors and/or vendors on a biennial basis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. Assess the needs of members of the protected groups and measure the extent to which services are actually delivered to members of the protected classes in a culturally relevant and accessible manner.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. Assess entity's representation of members of protected classes, participation on boards, councils, as volunteers, and opportunities to become sub-grantees where appropriate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j. Maintain reports of providers, recipients, sub-recipients, and vendors' compliance and steps to achieve compliance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Maintain reports of all complaints by name, address, date, protected basis, nature, and investigation status. These reports must be accessible during on-site visits.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
l. Review data on customers served and service complaints; translator and interpreter providers and their quality of service; and training activities and LEP costs. Provide recommendations for improvement in future plans.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
m. Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing these requirements, including target dates for completion of major milestones, upon request.

APPENDIX D

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

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

EMPLOYMENT

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 (over 40), race, religion¹, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non use of lawful products off the employers premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

SERVICE DELIVERY

No otherwise qualified applicant for service or program 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, age, sex, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Under the Food Stamp Act and USDA-FNS policy, discrimination is prohibited also on the basis of religion and political beliefs or affiliation. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed

(Mr./Ms.) Debra M. Shufelt Phone (920)832-6427

as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.



SIGNATURE - Executive Director or Chief Executive Officer

3/22/10

Date Signed

¹ Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious." These exceptions apply only to employment conditions.

APPENDIX D: KEV MUAB VAJ HUAM SIB LUAG RAU SAWV DAWS HAUV KEV UA HAUJ LWM THIAB KEV PAB CUAM TXOJ CAI NTHUAV TAWM EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

Nws yog txoj cai ntawm City of Appleton (Qhov Chaw Khiav Hauj Lwm Lub Npe) los mus muab vaj huam sib luag rau sawv daws hauv txoj kev ua hauj lwm thiab kev pab cuam kom ua tau raws li tsoom fww xeev Wisconsin uas yog Department of Children and Families, Department of Health Services thiab Department of Workforce Development thiab tsoom fww teb chaws cov cai.

KEV UA HAUJ LWM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev ua hauj lwm, tsis kam muab kev pab rau nws ntawm kev ua hauj lwm los yog raug ntxub ntxaug muab nws cais tawm vim nws lub hnuv nyoog (40 xyoo rov saud), haiv neeg, kev ntseeg¹, tsos nqaij daim tawv, poj niam/txiv neej, keeb kwm, muaj mob xiam oob qhab los yog muaj kev koom nrog ib tus neeg muaj mob xiam oob qhab, raug ntes, raug kaw, muaj kev plees kev yi txawv, muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing) los yog siv los tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sijhawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntxub ntxaug cais neeg hauv chaw ua hauj lwm. Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntxub ntxaug cais ib leej twg ntawm kev ua hauj lwm no.

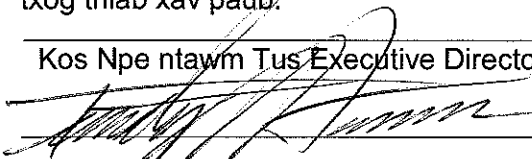
KEV PAB CUAM

Tsis pub kom tus neeg uas nws muaj feem tau txais kev pab raug muab cais tawm ntawm kev pab, tsis kam muab kev pab rau nws, los yog raug ntxub ntxaug cais tawm los ntawm nws haiv neeg, tsos nqaij daim tawv, keeb kwm, hnuv nyoog, poj niam/txiv neej, kev ntseeg, kev ntseeg kev tswj hwm teb chaws los yog muaj mob xiam oob qhab. Tsis pub ib leeg twg tso hem thawj, ntxias, los yog ntxub tus neeg no vim muaj txoj cai pab tiv thaiv nws, los yog vim nws tau ua ntawv tsis txaus siab, pab ua pov thawj, los yog muab kev koom tes rau kev tshawb nrhiav qhov ua tsis yog, los yog tau sib hais mus rau ntawm rooj plaub raws txoj cai. Tsab cai hais txog cov neeg muaj mob xiam oob qhab kom lawv tau txais kev pab sib npaug muaj nyob rau hauv Americans with Disabilities Act of 1990 thiab Section 504 of the Rehabilitation Act of 1973 raws li tau muab kho dua tshiab. Nyob hauv Food Stamp Act thiab USDA-FNS tsab cai, tsis pub ntxub ntxaug cais leej twg los ntawm nws kev ntseeg txog ib fab kev tswj hwm teb chaws txawv. Tsab cai no yog siv kom sawv daws tau txais kev pab ib yam nkaus txij thaum ua ntawv thov kev pab, thaum tau txais kev pab thiab thaum koom tes ua qhov kev pab cuam tej dej num tib si. Tas nrho cov neeg khiav hauj lwm yuav tau pab txhawb thiab muab kev koom tes rau cov dej num ntsig txog qhov tsis pub ntxub ntxaug cais ib leej twg ntawm kev pab cuam no.

Yuav kom pab peb ua tau raws li cov cai tau hais saum no, kuv tau tsa

(Mr./Ms.) Debra M. Shufelt Xov Tooj (920)832-6427

ua Tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator). Yog koj muaj teeb meem dab tsi txog kev ua hauj lwm los yog kev pab cuam thov tham nrog nws tau. Qhov koj yuav ua ntawv tsis txaus siab li cas thiab txoj kev yuav pab daws teeb meem yuav muab qhia rau koj yog koj nug txiab thiab xav paub:

<u>Kos Npe ntawm Tus Executive Director los yog Chief Executive Officer</u> 	<u>Hnuv Kos Npe</u> <u>3/22/10</u>
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¹ Tsis Hais Txog Cov No (Exceptions): Nyob Hauv Nqe Lus 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), cov koom haum rau kev ntseeg tau txais lus tso cai kom muab hauj lwm rau cov tswv cuab hauv lawv txoj kev ntseeg xwb los tau. Qhov no tsuas hais txog cov koom haum uas lawv txoj hauj lwm yog ua rau kev ntseeg thiab tsuas yog hais txog kev ua hauj lwm nkaus xwb.

APÉNDICE D
IGUALDAD DE OPORTUNIDAD EN EL EMPLEO Y LA PRESTACIÓN DE SERVICIOS
DECLARACIÓN DE LA POLÍTICA
EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY

Es la política de City of Appleton (Nombre de la Organización) cumplir con la política y las normas de igualdad de oportunidad del *Wisconsin Department of Children and Families*, el *Department of Health Services* y el *Department of Workforce Development* y con todos los estatutos y las regulaciones federales y estatales que correspondan relativos a la no discriminación en el empleo y en la prestación de servicios.

EMPLEO

Ninguna persona que esté calificada de otro modo será excluida del empleo, negada los beneficios del empleo, o sometida de cualquier otro modo a discriminación en el trabajo en base a su edad (sobre los 40), raza, religión,ⁱ color, sexo, nacionalidad de origen o antepasados, discapacidad o asociación con una persona discapacitada, registro de arresto, registro de convicción, orientación sexual, estado civil, embarazos o partos, participación militar, pruebas genéticas, sometimiento a prueba de honestidad, o uso o no uso de productos legales en localidad de trabajo. Los empleados no pueden ser molestados en el lugar de trabajo basado en el estatus de protección ni deben de haber represalias en su contra por presentar una queja, por asistir con una queja, o por oponerse a la discriminación en el lugar de trabajo.

Esperamos que todo el personal apoyara nuestras metas y las actividades de nuestros programas que se relacionan con la prohibición de discriminación en el trabajo.

PRESTACIÓN DE SERVICIOS

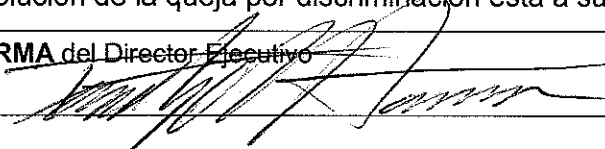
Ningún solicitante calificado para servicio o participante del programa será excluido a participar, negado beneficios, o de otro sometido a la discriminación en base a su raza, color, nacionalidad de origen, edad, sexo, religión, creencias políticas o discapacidad. Ningún empleado u otra persona deberá intimidar, amenazar, coaccionar o discriminar a ninguna persona acreditada para el propósito de interferir con cualquier derecho o privilegio garantizado en virtud de una de las leyes aplicables sobre los derechos civiles, o porque ha presentado una queja, testificado, ayudado, o participado de alguna manera en una investigación, procedimiento o audiencia en una de las leyes de derechos civiles aplicables. Acceso al programa para las personas con una discapacidad es tratado en la Ley de los Estadounidenses con una Discapacidad del 1990 (*Americans with Disabilities Act of 1990*) y en la Sección 504 de la Ley de Rehabilitación del 1973 (*Rehabilitation Act of 1973*) según enmendada. Según la Ley de Cupones para Alimentos (*Food Stamp Act*) y la política del USDA-FNS, prohíbe la discriminación sobre la base de la religión y las creencias o afiliación política. Esta política se refiere a la elegibilidad para el acceso a la prestación de servicios, y al tratamiento en todos los programas, servicios y actividades. Se espera que todos los empleados apoyen los objetivos y las actividades programáticas relativas a la no discriminación en la prestación de servicios.

Para ayudarnos a cumplir con todas las normas, reglamentos y pautas aplicables para la igualdad de oportunidad, yo he nombrado a

(Sr./Sra.) Debra M. Shufelt Teléfono (920)832-6427

Como Coordinador de Igualdad de Oportunidades, le exhortamos a discutir cualquier problema de discriminación percibida en el empleo o la prestación de servicios. Información sobre el proceso de resolución de la queja por discriminación está a su disposición bajo petición.

FIRMA del Director Ejecutivo



Fecha

3/22/10

ⁱ Excepciones: En la sección 702(a) del Título VII, 42 U.S.C. § 2000e-1(a), a las organizaciones religiosas se les permite preferencia de empleo a los miembros de su propia religión. La excepción aplica únicamente a las instituciones cuya "finalidad y carácter son fundamentalmente religioso." Estas excepciones se aplican sólo a las condiciones de empleo.

APPENDIX E
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The City of Appleton is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of City of Appleton to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and requests the use of a family member or friend will be ask to sign a release form acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpreter under any circumstances.

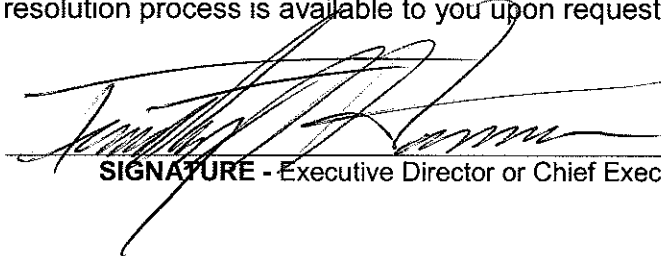
This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed

(Mr./Ms.) Kathy Stromberg Phone (920)832-6497

as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.



SIGNATURE - Executive Director or Chief Executive Officer

3/22/10

Date Signed

**APPENDIX E: KEV PAB COV Tsis PAUB LUS AS KIV TXOJ CAI NTHUAV TAWM
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

Chaw Khiav Hauj Lwm City of Appleton

cog lus yuav muab vaj huam sib luag rau cov neeg uas lawv hais tsis tau lus As Kiv kom lawv tau txais cov pab ib yam li lwm cov. Qhov kom sawv daws tau txais kev pab ib yam no yeej muab hais rau hauv tsab cai Title VI of the Civil Rights Act of 1964 uas txwv tsis pub ntxub ntxaug cais leej twg los ntawm nws keeb kwm haiv neeg (national origin); cov lus no tseem hais ntxiv nyob rau hauv tsab ntawv Executive Order 13166. Cov kev pab no yog pab txhais lus thiab txhais ntaub ntawv pub dawb rau cov hais tsis tau lus As Kiv xwv kom lawv tau txais kev pab ib yam nkaus li lwm cov thiab.

Nws yog txoj cai ntawm (Chaw Khiav Hauj Lwm Lub Npe) City of Appleton

tsis pub siv ib tus neeg hauv tsev neeg los yog ib tus phooj ywg los ua tus txhais lus vim qhov no yog ib qho yuam cai ntawm tus uas nws muaj tej yam tsis pub lwm tus paub (person's privacy) thiab yuav muab tau yam uas tsis pub lwm tus paub ntawm nws tus kheej (confidential information) qhia tawm rau lwm tus. Nws yog peb txoj cai qhia rau cov uas lawv hais tsis tau lus As Kiv kom lawv paub txog txoj cai lawv muaj uas yog peb yuav tsum nrhia kom tau neeg txhais lus rau lawv yam tsis tau them dab tsi. Cov neeg tsis paub lus As Kiv uas tsis yuav kev pab es ho kom nws ib tus neeg txheeb ze txhais lus rau nws ntawd yuav tau kos npe rau ib daim ntawv (Release Form) lees paub tias qhov lawv cia ib tus neeg txheeb ze txhais lus no yuav ua rau lwm tus paub tej hauj lwm ntawm lawv tus kheej los muaj. Yog thaum ho muaj li no los lawv yuav tsis nrog qhov chaw khiav hauj lwm no (this agency) yuav ib txoj cai dab tsi thiab yog thaum ho txhais tau cov lus tsis raug los lawv yuav tsis hais kom qhov chaw khiav hauj lwm ris lub nra.

Qhov chaw khiav hauj lwm no txwv tsis pub siv cov me nyuam tsis tau muaj hnuv nyoog (18 xyoo rov hauv) los ua tus txhais lus tsis hais lub sij hawm twg los yog thaum twg.

Ib xyoos twg, qhov chaw khiav hauj lwm no yuav tshawb xyuas cov pej xeem nyob hauv nws cheeb tsam muab kev pab kom paub cov neeg tsiv los ntxiv thiab cov tseem hais tsis tau lus As Kiv zoo seb muaj li cas xwv thiaj li paub npaj nrhiav kev pab rau lawv.

Tas nrho cov koom haum los yog chaw khiav hauj lwm uas muaj ntaub ntawv cog lus nrog peb qhov chaw khiav hauj lwm los yuav tsum ua kom tau raws li cov cai hais txog muab kev pab rau cov hais tsis tau lus As Kiv no tib si thiab.

Yuav kom pab peb ua tau raws li cov cai no, kuv tau tsa

(Mr./Ms.) Kathy Stromberg

Xov Tooj (920) 832-6497

ua Tus Xyuas Kev Pab Cov Tsis Paub Lus As Kiv (Limited English Proficiency Coordinator.) Cov neeg tsis paub lus As Kiv yuav tau hu rau tus no thiab thov kev pab txhais lus los yog txhais ntawv, los yog hais rau nws paub yog thaum pom tias muaj kev ntxub ntxaug cais tsis kam muab kev pab thiab yog xav paub seb yog tsis txaus siab no yuav ua li cas.

Kos Npe ntawm ~~Tus~~ Executive Director or Chief Executive Officer

Hnuv Kos Npe



3/22/10

APÉNDICE E
HABILIDAD LIMITADA DE HABLAR INGLÉS DECLARACIÓN DE LA POLÍTICA
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

La (Nombre de la Organización) City of Appleton
se compromete a proveer igualdad de oportunidad en todos los programas y servicios a aquellas personas con una habilidad limitada de hablar inglés (*Limited English Proficiency* - LEP por sus siglas en inglés). El acceso al programa para las personas LEP es tratado en el Título VI del Acta 1964 de los Derechos Civiles (*Title VI of the Civil Rights Act of 1964*) el cual prohíbe la discriminación en base al origen nacional; estas protecciones se afirman con más detalle en la Orden Ejecutiva 13166 (*Executive Order 13166*). Estos servicios incluyen traducción escrita e interpretación oral, a ningún costo, a las personas LEP para garantizar acceso significativo, preciso y equitativo a los programas, beneficios y actividades.

Es la política de (Nombre de la Organización) City of Appleton
no alentar uso de miembros de familia o amigos como intérpretes ya que esto podría violar la privacidad de la persona y revelar información confidencial y sensible. Es nuestra política el informar al cliente LEP sobre su derecho a recibir los servicios de asistencia/ interpretación de lenguaje a ningún costo para el cliente LEP. A los clientes LEP que rechacen tales servicios y que soliciten el uso de un miembro de familia o amigo se les pedirá que firmen un Formulario de Divulgación de Información (*Release Form*) que reconozca que esta práctica podría constituir una infracción de la confidencialidad y que él/ella no hará a la agencia responsable por cualquier traducción incorrecta o por falta de comunicación.

Esta organización prohíbe el uso de niños menores (18 años de edad o más jóvenes) como intérpretes y no permitirá que niños menores sirvan de intérpretes bajo ninguna circunstancias.

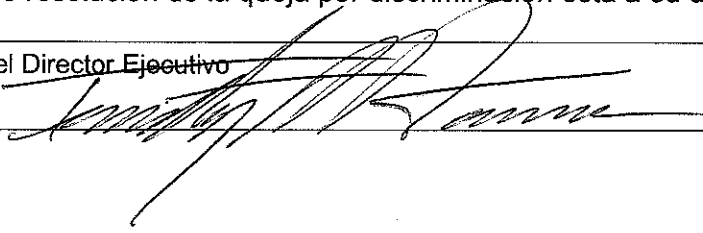
Esta agencia supervisa los cambios demográficos y las tendencias de la población de forma anual, para garantizar el conocimiento de los cambios demográficos y, las necesidades de lenguaje en nuestra área de servicio.

Todos los sub-beneficiarios de un contrato con esta agencia están obligados a cumplir con los requisitos de las políticas del LEP.

Para ayudarnos a cumplir con las normas, reglamentos y pautas aplicables con Habilidad Limitado de Hablar Inglés, yo he nombrado a

(Sr./Sra.) Kathy Stromberg Teléfono (920) 832-6497

Como Coordinador del Habilidad de Hablar Inglés, exhortamos a los clientes LEP a discutir cualquier problema de discriminación percibida en el empleo o la prestación de servicios. Información sobre el proceso de resolución de la queja por discriminación está a su disposición bajo petición

FIRMA del Director Ejecutivo 	Fecha <u>3/22/10</u>
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APPENDIX F
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator Debra M. Shufelt	Phone (Voice) (920) 832-6427	Phone (TDD) () -
Name of Complainant	Phone () -	

Address (number, street, city, state, zip code)

Basis for Service Delivery or Employment Discrimination Complaint: In service delivery, discrimination is prohibited on the following basis: Age, color, disability, national origin, religion, political belief or affiliation (apply to USDA-FNS programs only), race, sex or retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity.

Employment discrimination is prohibited on the basis of: age (over 40), national origin or ancestry, arrest record, conviction record, color, creed or religion, disability or association with a person with a disability, genetic testing, honesty testing, marital status, pregnancy or childbirth, military service, race, sex, sexual orientation, use or non use of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

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 - Complainant or Complainant Representative	Date Signed
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Children and Families
DCF-F-156-E

Health Services
F-00166

Workforce Development
DETS-16707-E (R. 10/2009)

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

INFORMAL COMPLAINT FORM

Date Received	Received By	Title
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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?

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT**Instructions for Completing Employment or Service Delivery Discrimination Complaint
(Appendix F)**

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, military participation, or use or non use of lawful products off the employers or service providers premises during non-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. You're right to appeal a decision or to request a State administrative 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 for the United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) programs, this complaint 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 completed 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 a state agency listed below.

PROGRAM	STATE AGENCY
Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),	Wisconsin Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services	Wisconsin Department of Health Services 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
Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.	Wisconsin Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.	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 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

You also have the right to file a formal complaint with a federal agency listed below.

PROGRAM	FEDERAL AGENCY
<p>Formal Discrimination Complaint about any of the above services administered by the Wisconsin Department of Health Services.</p>	<p>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)</p> <p>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</p>
<p>Formal Discrimination Complaint about any program receiving federal assistance.</p>	<p>Coordination and Review Section - NWB Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530</p> <p>(888) 848-5306 - English and Spanish (ingles y español) (202) 307-2222 (voice) (202) 307-2678 (TDD)</p> <p>Title VI Hotline: 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p><u>Disability Complaints:</u> U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530</p> <p>800-514-0301 (voice) 800-514-0383 (TTY) (also in Spanish)</p>
<p>Formal Discrimination Complaint for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level) FoodShare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) Program.</p>	<p>USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY)</p> <p>Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)</p>

APPENDIX F
FORMULARIO DE QUEJAS POR DISCRIMINACIÓN
EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Coordinador de Igualdad de Oportunidades	Número de Teléfono	Número de Teléfono (TDD)
Debra M. Shufelt	(920) 832-6427	() -
Nombre del Reclamante		Número de Teléfono
		() -
Dirección (Número, Calle, Ciudad, Estado, Código Postal)		

Bases para queja por discriminación en la prestación de servicios o el empleo: En la prestación de servicios, se prohíbe la discriminación sobre la base siguiente: edad, color, discapacidad, origen nacional, religión, opinión política o de afiliación (se aplican a los programas de USDA-FNS solamente), raza, sexo o represalias por presentar una queja, o por ayudar con una queja, por oposición de discriminación en un programa, servicio o actividad.

La discriminación en el empleo está prohibida sobre la base de: edad (mayor de 40), origen nacional o ascendencia, antecedentes penales, registro de convicción, color, credo o religión, discapacidad o asociación con una persona con una discapacidad, pruebas genéticas, pruebas de honestidad, estado civil, embarazo o parto, servicio militar, raza, sexo, orientación sexual, uso o no uso de productos legales fuera de los locales del empleador durante las horas que no sean de trabajo. Los empleados no pueden ser molestados en el lugar de trabajo basado en su estatus de protección ni tomar represalias en su contra por presentar una queja, para ayudar con una denuncia, o por oponerse a la discriminación en el lugar de trabajo.

Nombre de la Agencia y/o del Empleado Contra Quien se Presentó la Queja.

Describir la acción o el tratamiento que usted piensa fue discriminatorio. Incluya información sobre quién, qué, cuándo, dónde, cómo, por qué, y los nombres, direcciones y números de teléfono de los testigos, si usted los sabe. Por favor, proporcione la fecha exacta del último incidente. Usted puede escribir en otra hoja de papel si necesita más espacio. En el espacio de abajo, favor de indicar cuantas páginas hay adjuntas, si es necesario añadir páginas.

Descripción de la Solución o Indemnización que Ud. desea:

FIRMA del Demandante o Representante del Demandante	Fecha de la Firma
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Children and Families
DCF-F-156-E

Health Services
P-00166

Workforce Development
DETS-16707-E (R. 10/2009)

CÓMO PRESENTAR UNA QUEJA POR DISCRIMINACIÓN
EN EL EMPLEO O LA PRESTACIÓN DE SERVICIOS
HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

Si usted siente que se le ha tratado de forma diferente debido a su edad, raza, religión, color, sexo, origen nacional o ascendencia, discapacidad o asociación con una persona que tiene una discapacidad, antecedentes penales o registro de convicción, orientación sexual, estado civil o embarazo, creencias o afiliación política, participación militar, uso o no uso de productos legales fuera de los locales del empleador durante las horas que no sean de trabajo, usted podría presentar una queja. Si a usted le fueron negados servicios por error, o si el tratamiento que usted recibió fue separado o diferente al de otros, o si el programa no fue accesible para usted, podría ser discriminación.

IMPORTANTE: Si no le aceptaron su solicitud o le dijeron que usted no era elegible para un programa en particular, PERO usted cree que usted es elegible, pida al proveedor que le de un panfleto el cual explica cómo solicitar un proceso de apelación de la agencia local o una audiencia administrativa a nivel estatal. Su derecho de apelar a una decisión o a solicitar una audiencia administrativa a nivel estatal no tiene que estar relacionado con una queja por discriminación.

Usted puede presentar una queja informal por discriminación a su empleador o proveedor de servicios, o puede presentar una queja formal a una agencia estatal o federal. Sin embargo, las quejas basadas en la discriminación sobre la base de edad para los programas del *United States Department of Agriculture, Food and Nutrition Services* (USDA-FNS), esta queja se enviará al *FNS Regional OCR* apropiado dentro de los 5 días hábiles de haberla recibido. *FNS Regional OCR* recomendará la queja al *Federal Mediation and Conciliation Services* (FMCS) dentro de los 10 días de la recepción inicial por la agencia. Nadie puede amenazar o molestar a sus testigos porque ellos estén dispuestos a decir lo que vieron, escucharon o experimentaron.

Todas las quejas formales deben presentarse en un plazo de 180 días del suceso o trato que usted piensa fue discriminatorio. Sin embargo, usted debe presentar la queja tan pronto como sea posible después del suceso. Si usted presenta una queja informal y no está satisfecho con el resultado, todavía puede presentar una queja formal siempre y cuando lo haga en un plazo de 180 días a partir de la presunta discriminación. No espere hasta después de los 180 días para recibir una respuesta a su queja informal si está planeando presentar una queja formal.

Para presentar una queja informal por discriminación a su proveedor o empleador, llame al Coordinador de Igualdad de Oportunidades (**Equal Opportunity Coordinator**) al () - o TDD () - para solicitar un formulario de queja.

Llene el formulario y envíelo al Coordinador de Igualdad de Oportunidades de su proveedor. Encontrará el nombre del Coordinador en este formulario.

Si usted desea presentar una queja formal de discriminación, puede enviar el formulario de queja directamente a una de las oficinas estatales o federales que aparecen en la lista en las páginas que siguen a continuación. Incluya una carta indicando que usted está presentando una queja formal a su agencia como la fuente de fondos. El personal de esa agencia investigará su queja y le responderá dentro de 90 días.

Presente quejas formales de discriminación sobre estos servicios con una agencia estatal de las que figuran a continuación.

PROGRAMA	AGENCIA ESTATAL
<p>Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, y otros programas administrados por el Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),</p>	<p>Wisconsin Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voz: (608) 266-5335 TTY: 1-800-864-4585</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), y otros programas administrados por el Wisconsin Department of Health Services.</p>	<p>Wisconsin Department of Health Services Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voz: (608) 266-9372 TTY: 1-888-701-1251</p>
<p>Wisconsin Workforce Investment Act, y otros programas administrados por el Wisconsin Department of Workforce Development.</p>	<p>Wisconsin Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voz: (608) 266-6889 TDD: 866-275-1165</p>
<p>Quejas para Trabajos Sin Subsidios o de Prueba (Unsubsidized and Trial Jobs Complaints). Cualquier condición de trabajo como empleado del DCF, DHS y / o entidades financiadas del DWD y sus subcontratistas.</p>	<p>Equal Rights Office P.O. Box 8928 Madison, WI 53708 Teléfono: (608) 266-6860 TDD: (608) 264-8752</p> <p>Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Teléfono: (414) 227-4384 TDD: (414) 227-4081</p> <p>U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Teléfono: 414-297-1111, TDD: 414-297-1115</p> <p>The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Teléfono: 312-353-2158, TDD: 312-353-2158</p>

Usted también tiene derecho a presentar una queja formal ante una agencia federal que figura a continuación.

PROGRAMA	AGENCIA FEDERAL
<p>Queja Formal sobre cualquier de los servicios anteriores administrados por el Wisconsin Department of Health Services.</p>	<p>HHS, Director, Office for Civil Rights Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voz) (202)-619-3257 (TTY)</p> <p>U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Teléfono: 312-886-2359, TDD: 315-353-5693</p>
<p>Queja Formal de Discriminación sobre cualquier programa.</p>	<p>Civil Rights Division U.S. Department of Justice 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530 (888) 848-5306 – (ingles y español) (202) 307-2222 (voice) (202) 307-2678 (TDD)</p> <p>Liena Directa Del Titulo VI: 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p>Queja de Discapacidad: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530 800-514-0301 (voice) 800-514-0383 (TTY) (En Español)</p>
<p>Queja Formal por Discriminación para el Supplemental Nutrition Assistance Program (SNAP) (Anteriormente conocido como el Food Stamp Program a nivel federal) FoodShare (Anteriormente conocido como el Food Stamp Program en Wisconsin), WIC, TEFAP y el Food Stamp Employment and Training (FSET) Program.</p>	<p>USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voz) (202)-720-6382 (TTY)</p> <p>Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voz)</p>

APPENDIX F
UA NTAWV TISIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV PAB
CUAM LOS YOG KEV UA HAUJ LWM
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Yog koj xav tau kev pab ua daim ntawv no, hu rau los yog mus ntsib:

Tus Xyuas Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator)	Xov Tooj (Suab)	Xov Tooj (TDD)
Debra M. Shufelt	(920) 832-	() -
Tus Tsis Txaus Siab Lub Npe (Name of Complainant)	Xov Tooj	
	() -	

Chaw Nyob (number, txoj kev, lub zos, lub xeev, zip code)

Tsis Txaus Siab Rau Kev Ntxub Ntxaug Cais Neeg Tawm Hauv Kev Pab Cuam los yog Kev Ua Hauj Lwm (Basis for Service Delivery or Employment Discrimination Complaint:) Nyob hauv kev pab cuam, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov nqe lus no: hnuv nyoog, tsos nqaij daim tawv, muaj mob xiam oob qhab, keeb kwm teb chaws, kev ntseeg, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv (siv rau hauv USDA-FNS cov kev pab cuam xwb), haiv neeg, poj niam/txiv neej los yog pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, los yog tau pab ib tus ua ntawv tsis txaus siab, tsis nrog pom zoo rau kev ntxub ntxaug cais neeg tawm nyob rau hauv ib qhov kev pab cuam.

Nyob hauv kev ua hauj lwm, txwv tsis pub ntxub ntxaug muab ib tus twg cais tawm vim nws nyob rau cov nqe lus no: hnuv nyoog (tshaj 40), keeb kwm teb chaws los yog poj koob yawm txwv, raug ntes raug kaw, tsos nqaij daim tawv, kev ntseeg, muaj mob xiam oob qhab los yog koom nrog ib tus neeg xiam oob qhab, kuaj kom paub caj ces/noob (genetic testing), sim txog kev ncaj ncees (honesty testing), muaj txij nkawm los tsis muaj, cev xeeb tub los yog tau me nyuam, ua tub rog, poj niam/txiv neej, kev plees kev yi txawv, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm. Tsis pub zes los yog thab cov neeg ua hauj lwm hauv qhov chaw ua hauj lwm los ntawm qhov lawv yog cov uas muaj txoj cai pab tiv thaiv lawv los yog tsis pub ua phem rau leej twg kom tau pauj txiaj ntsim rau qhov nws tau ua ntawv tsis txaus siab, tau pab lwm tus ua ntawv tsis txaus siab, los yog tau tawm tsam txoj kev ntxub ntxaug cais neeg hauv qhov chaw ua hauj lwm.

Lub npe ntawm qhov chaw khiav hauj lwm thiab/los yog lwm tus neeg ua hauj lwm los yog tus tswv hauj lwm uas daim ntawv tsis txaus siab no ua foob nws.

Piav kom meej qhov uas lawv ua rau koj ntawd uas koj ntseeg tias yog ntxub ntxaug cais neeg. Muab kom tau xws li nws yog leej twg, yog dab tsi, thaum twg, nyob qhov twg, ua li cas, vim li cas, thiab yog muaj neeg ua pov thawj lub sij hawm ntawd no muab kom tau lawv lub npe, chaw nyob thiab xov tooj. Hais kom meej seb qhov teeb meem tshwm sim hnuv twg. Yog qhov chaw hauv qab no tsis txaus sau koj cov lus, koj muab mus sau ntxiv rau ib daim ntawv tshiab los tau. Nyob rau qhov chaw hauv qab no, qhia seb muaj pes tsawg phab ntawv ntxiv uas muab tom ua ke nrog daim no.

Piav seb yuav kom daws qhov teeb meem li cas thiaj tau raws li koj siab nyiam (Description of the relief or satisfaction you want):

Tus Neeg Tsis Txaus Siab los yog nws Tus Sawv Cev Kos Npe	Hnuv Kos Npe (mm/dd/yyyy)
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APPENDIX F txuas ntxiv Daim Ntawv Tsis Txaus Siab rau Kev Pab Cuam los yog Kev Ua Hauj Lwm

Cov lus hauv qab no yog cia rau qhov chaw uas koj tsis txaus siab rau ua tus teb xa rov qab rau koj.

Daim Ntawv (Form)

Hnub Txais Tau	Tus Neeg Txais Daim Ntawv Lub Npe	Nws Tuav Hauj Lwm Dab Tsi (Title)
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Qhov Chaw Lub Npe (Agency)

Cov Hauj Lwm Yuav Nqes Tes Ua thiab Cov Neeg Uas Yuav Raug Nug Txog Qhov Teeb Meem (Actions and Individual(s) to be Investigated:)

Tshawb Tau Dab Tsi (Findings) (Yuav tsum ua kom tiav tsis pub dhau 30 hnub):

Cov Hauj Lwm Tau Nqes Tes Ua Lawm (Action Taken:)

Puas Tshuav Dab Tsi Yuav Ua Ntxiv? (Further Action Required?) Tshuav Tsis Tshuav
Yog Tshuav, yog dab tsi?

APPENDIX F cont'd:

**YUAV UA NTAUV TSIS TXAUS SIAB RAU KEV NTXUB NTXAUG CAIS NEEG HAUV KEV
UA HAUJ LWM LOS YOG KEV PAB CUAM LI CAS
HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT**

Yog koj xav tias luag ua tsis ncaj rau koj vim koj lub hnuv nyoog, haiv neeg, kev ntseeg, tsos nqaij daim lawv, poj niam/txiv neej, keeb kwm teb chaws los yog poj koob yawm txwv, muaj mob xiam oob qhab los yog muaj kev koom nrog ib ib tug neeg muaj mob xiam oob qhab, raug ntes raug kaw, kev plees kev yi txawv, muaj txij nkawm los tsis muaj los yog cev xeeb tub, ntseeg los yog koom nrog ib fab kev tswj hwm teb chaws txawv, ua tub rog, siv los yog tsis siv tej khoom tsis txhaum cai uas tsis yog nyob ntawm tus tswv hauj lwm thaj chaw thaum tsis yog lub sij hawm ua hauj lwm, koj yuav ua daim ntawv tsis txaus siab tau. Yog luag tsis kam muab kev pab rau koj raws txoj cai, los yog qhov kev pab koj tau txais ntawd raug muab cais los yog muab tsis thooj li lwm tus, los yog qhov pab koj raug muab faib tsis thooj li lwm tus los sis txawv dua lwm tus li, los yog qhov kev pab cuam ntawd tsis yooj yim rau koj mus cuag tau lawv, tej zaum nws yuav yog lawv ua tsis ncaj lawm tiag.

TSEEM CEEB: Yog luag tsis kam txais koj daim ntawv thov kev pab los yog luag hais rau koj tias koj tsis muaj feem tau txais ib qhov kev pab twg, TIAM SIS koj xav tias koj yeej muaj feem tau txais, nug qhov chaw ua hauj lwm muab kev pab ntawd kom lawv muab daim ntawv qhia txog qhov chaw ua hauj lwm txoj kev pab daws teeb meem tsis txaus siab los yog lub Xeev txoj kev pab taug kev ncaj ncees seb yuav ua li cas. Koj txoj cai thov kom rov qab muab qhov luag tau txiav txim ntawd los sib hais dua los yog thov kom Xeev tsa ib lub rooj taug kev ncaj ncees no nws tsis tas yuav tsum yog tsis txaus siab vim muaj kev ntub ntxaug cais neeg tsis kam pab xwb.

Qhov ua ntaub ntawv tsis txaus siab los ntawm kev ntub ntxaug cais neeg no, koj yuav ua xa mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab cuam, los yog ua xa mus rau tsoom fww xeev los yog tsoom fww teb chaws qhov chaw ua hauj lwm muab kev pab. Tab sis, cov ntaub ntawv ua tsis txaus siab vim hnuv nyoog raws li United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) cov kev pab cuam txoj cai ntawd, yuav muab xa mus rau FNS Regional OCR tsis pub dhau 5 hnuv tom qab tau txais daim ntawv tsis txaus siab. FNS Regional OCR yuav muab koj daim ntawv tsis txaus siab xa mus rau Federal Mediation and Conciliation Services (FMCS) tsis pub dhau 10 hnuv suav txij hnuv luag tau txais koj daim ntawv. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj vim koj tau ua ntawv tsis txaus siab. Yuav tsis pub ib tus twg tso hem thawj los yog thab zes koj cov neeg ua pov thawj vim lawv tau hais raws li lawv pom, hnov thiab ntsib los mus.

Cov ntawv tsis txaus siab yuav tsum ua tsis pub dhau 180 hnuv suav txij hnuv koj ntseeg tias muaj qhov teeb meem ntub ntxaug cais neeg los mus. Tab txawm li no los, koj yuav tau ua kom sai li sai tau tom qab qhov teeb meem tshwm sim. YOG koj xub ua ntawv tsis txaus siab mus sib hais rau ntawm koj tus tswv hauj lwm los yog qhov chaw muab kev pab es koj ho tsis txaus siab raws li qhov luag tau txiav txim ntawd, koj tseem muaj cai ua ntawv tsis txaus siab ntiv mus rau theem siab hauv xeev los yog tsoom fww teb chaws thiab, tsuav yog koj ua raws lub sij hawm tsis pub dhau xwb. Yog koj yeej npaj yuav ua ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fww teb chaws no ces koj tsis tas tos kom tau lus teb los ntawm qhov koj xub ua mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab tso.

Yog koj yuav ua daim ntawv tsis txaus siab mus rau koj tus tswv hauj lwm los yog qhov chaw muab kev pab, koj yuav tau thov kom lawv muab ib daim qauv rau koj. Hu rau los yog mus ntsib tus Xyuas Txog Kev Muab Vaj Huam Sib Luag (Equal Opportunity Coordinator) ntawm () - lossis TDD () - . Tom qab muab daim qauv los yog daim form ua tiav lawm, rov qab muab xa mus rau tus Xyuas Txog Kev Muab Vaj Huam Sib Luag. Nws tus xov tooj yuav tsum muaj nyob rau ntawm daim form no.

Yog koj xav ua daim ntawv tsis txaus siab mus rau theem siab hauv xeev los yog tsoom fww teb chaws, koj yuav tau xa ncaj nraim mus rau tsoom fww xeev los yog tsoom fww teb chaws qhov chaw ua hauj lwm uas tau muab teev rau nplooj ntawv phab tom qab no. Nrog rau tsab ntawv tsis txaus siab no koj yuav tau sau ib daim hais qhia rau lawv tias koj tsis txaus siab rau ib qhov chaw ua hauj lwm muab kev pab los yog ib tus tswv hauj lwm uas tau nyiaj ntawm lawv los khiav hauj lwm pab sawv daws. Cov neeg khiav hauj lwm hauv xeev los yog tsoom fww teb chaws yuav ua ntawv tuaj qhia rau koj paub tsis pub dhau 90 hnuv seb qhov teeb meem muab daws li cas lawm.

APPENDIX F cont'd: Ua ntawv tsis txaus siab txog cov kev pab cuam no xa mus rau cov chaw khiav hauj lwm hauv xeev teev hauv qab no.

KEV PAB CUAM (PROGRAM)	TSOOM FWV XEEV COV CHAW KHIIV HAUJ LWM (STATE AGENCY)
<p>Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance),</p>	<p>Wisconsin Department of Children and Families 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585</p>
<p>Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services.</p>	<p>Wisconsin Department of Health Services 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</p>
<p>Wisconsin Workforce Investment Act, thiab lwm cov kev pab cuam uas yog Wisconsin Department of Workforce Development ua tus saib xyuas.</p>	<p>Wisconsin Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165</p>
<p>Unsubsidized and Trial Jobs Complaints. Tsis txaus siab rau cov chaw khiav hauj lwm uas tau nyiaj los ntawm DCF, DHS los yog DWD (Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.)</p>	<p>Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: (608) 266-6860 TDD-Hearing Impaired: (608) 264-8752</p> <p>Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: (414) 227-4384 TDD: (414) 227-4081</p> <p>U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115</p> <p>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</p>

APPENDIX F cont'd: Koj tseem muaj cai ua ntawv tsis txaus siab xa mu rau ib qhov chaw khiav hauj lwm ntawm tsoom fwv teb chaws teev nram qab no thiab.

<p>KEV PAB CUAM (PROGRAM)</p>	<p>TSOOM FWV TEB CHAWS COV CHAW KHIAV HAUJ LWM (FEDERAL AGENCY)</p>
<p>Ua ntawv tsis txaus siab tsis hais qhov kev pab cuam twg uas tau teev los saum toj no uas yog Wisconsin Department of Health Services ua tus saib xyuas.</p>	<p>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)</p> <p>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</p>
<p>Ua ntawv tsis txaus siab tsis hais qhov kev pab cuam twg (Formal Discrimination Complaint about any program.)</p>	<p>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</p>
<p>Ua ntawv tsis txaus siab txog qhov kev pab cuam Supplemental Nutrition Assistance Program (SNAP) (thaum ub hu ua Food Stamp Program nyob rau theem siab ntawm Tsoom Fwv teb chaws) FoodShare (thaum ub hu ua Food Stamps in Wisconsin), WIC, TEFAP thiab qhov kev pab cuam Food Stamp Employment and Training (FSET) Program.</p>	<p>USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY)</p> <p>Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)</p>

**APPENDIX G
COMPLAINANT CONSENT/RELEASE FORM**

Complainant's Name			Date Completed	
Address		City	State	Zip Code
Telephone Number () -	Cell Phone Number () -	Email Address		
Program(s) for which this Consent/Release Form apply				

Please read the information below, initial the appropriate space, sign and date this form.

I have read the Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DCF, DHS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DCF, DHS 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 DCF, DHS 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 DCF, DHS or DWD to receive 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 used 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: (Initials) .

CONSENT DENIED - I have read and understand the information and do not want DCF, DHS 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 this line if you do not give consent: (Initials) .

SIGNATURE - Complainant or Complainant Representative	Date Signed (mm/dd/yyyy)
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Children and Families
DCF-F-157

Health Services
F-00167

Workforce Development
DETS-16708-E

APPENDIX G
TUS TSI TxAUS SIAB DAIM NTAWV TSO CAI
COMPLAINANT CONSENT/RELEASE FORM

Tus Tsis TxAus Siab Lub Npe:			Hnub Tim (mm/dd/yyyy)		
Chaw Nyob:		Lub Zos:		Xeev	Zip Code
Xov Tooj () -	Cell Xov Tooj () -	Email Chaw Nyob			

Cov Kev Pab Cuam Uas Daim Ntawv Tso Cai No Hais Txog (Program(s) for which this Consent/Release Form apply)

Thov nyeem cov lus hauv qab no, kos npe thiab sau hnub kos npe rau ntawm qhov chaw luag kom sau.

Kuv tau twm Daim Ntawv Ceeb Toom (Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD). Kuv tus tsis txAus siab, kuv to taub tias thaum lub sij hawm luag tshawb nug txog qhov teeb meem kuv tsis txAus siab ntawd, DCF, DHS los yog DWD yuav tau qhia kuv tus kheej rau cov neeg los yog cov chaw uas kuv tau muaj lus tsis txAus siab rau lawv. Kuv paub tias DCF, DHS los yog DWD yuav hwm thiab ua raws li txoj cai Freedom of Information Act. Kuv to taub tias DCF, DHS los yog DWD yuav tau qhia txog kuv tus kheej kom paub tseeb tias kuv yog leej twg rau lawv txoj hauj lwm tshawb nrhiav txog qhov teeb meem kuv tsis txAus siab. Ntxiv rau qhov no, kuv tus tsis txAus siab, kuv to taub tias muaj tsoom fww teb chaws cov cai pab tiv thaiv kuv kom kuv txhob rau luag hem los yog raug luag ua phem pauj txiaj ntsim rau qhov uas kuv tau ua daim ntawv tsis txAus siab no.

TSO CAI (CONSENT / RELEASE)

TSO CAI (CONSENT GRANTED) – Kuv tau nyeem thiab to taub cov lus hais saum toj no thiab tso cai rau DCF, DHS los yog DWD muab kuv npe qhia rau cov neeg los yog cov chaw uas kuv tsis txAus siab lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no thiab muab qhia rau tsoom fww teb chaws cov chaw khiav hauj lwm uas tau muab nyiaj txiaj tuaj pab rau cov chaw no khiav hauj lwm thiab muaj cai tsoom kwm taug qab kom lawv ua hauj lwm pab sawv daws raws li tsoom fww cov cai. Kuv tseem tso cai rau DCF, DHS los yog DWD txais tau tej ntaub ntawv hais txog kuv tus kheej thaum lub sij hawm tshawb nrhiav txog qhov teeb meem kuv tsis txAus siab no thiab. Tej ntaub ntawv muab tso tawm txog kuv tus kheej no kuj muaj xws li cov ntawv kuv tau ua thov kev pab, tej ntaub ntawv luag khaws cia txog kuv tus kheej. Kuv to taub tias cov ntaub ntawv qhia txog kuv tus kheej no yuav muab siv mus rau cov hauj lwm ntsig txog neeg cov cai thiab kev tswj kom ua raws li neeg cov cai (civil rights compliance and enforcement activities.) Kuv tseem to taub ntxiv tias tsis muaj leej twg yuam kom kuv tso cai li no. Qhov no yog kuv ua raws li kuv siab yeem xwb.

Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tso cai: _____ *(Initials)*.

TSIS KAM TSO CAI (CONSENT DENIED) -- Kuv tau nyeem thiab to taub cov lus hais thiab kuv tsis xav kom DCF, DHS los yog DWD muab kuv npe qhia rau qhov chaw uas kuv tsis txAus siab rau lub sij hawm lawv mus tshawb nrhiav txog qhov teeb meem no. Tsis tas li no kuv tsis xav kom qhov chaw tau txais tej ntaub ntawv hais txog kuv tus kheej, muab kuv tej ntaub ntawv coj mus xyuas los yog coj mus sib tham txog qhov kuv tsis txAus siab. Kuv to taub tias qhov kuv tsis tso cai no yuav ua rau kev tshawb nrhiav txog qhov teeb meem kuv tsis txAus siab mus nyuaj thiab tej zaum kuv yuav mus tsis taus, thiab thaum kawg kuj yuav cia li muab kuv qhov teeb meem tsis txAus siab kaw tseg cia xwb los muaj.

Thov muab tus ntawv sau koj lub npe tso rau ntawm no yog koj tsis kam tso cai: _____ *(Initials)*.

Tus Neeg Tsis TxAus Siab los yog nws Tus Sawv Cev Kos Npe			Hnub Kos Npe (mm/dd/yyyy)	
Children and Families DCF-F-157	Health Services F-00167	Workforce Development DETS-16708-E		

APPENDIX G
CONSENTIMIENTO DE QUEJA / FORMULARIO DE DIVULGACIÓN
COMPLAINANT CONSENT / RELEASE FORM

Nombre del Demandante Kathy Stromber		Fecha (mes/día/año) 832-6497	
Dirección		Ciudad	Estado
Número de Teléfono () -		Número de Celular () -	Dirección de Correo Electrónico (Email)

Programa(s) para el que el Formulario de Consentimiento/Divulgación aplica

Por favor, lea la siguiente información, ponga sus iniciales en el espacio apropiado, firme y feche este formulario.

He leído el Aviso sobre los Usos de la Investigación de Información Personal de DCF, DHS o DWD. Como demandante, entiendo que en el curso de la indagación o investigación preliminar puede ser necesario para DCF, DHS o DWD revelar mi identidad a personas en la organización o institución bajo investigación. También estoy consciente de la obligación que tienen DCF, DHS o DWD para honrar peticiones en virtud de la Ley de la Libertad de Información (*Freedom of Information Act*). Entiendo que podría ser necesario que DCF, DHS o DWD divulgue información, incluyendo los detalles de identificación personal que hayan sido reunidos como parte de la indagación o investigación preliminar de mi queja. Además, entiendo que, como demandante, estoy protegido por regulaciones federales de intimidación y represalia por haber tomado o participado en una acción para garantizar los derechos protegidos por las leyes de no discriminación impuestas por el gobierno federal.

CONSENTIENTO / DIVULGACIÓN

AUTORIZACIÓN CONCEDIDA - He leído y entendido la información anterior y autorizo a DCF, DHS o DWD a revelar mi identidad a las personas en la organización o institución bajo investigación y a otras agencias federales que proporcionan ayuda financiera federal a la organización o institución o que también reciben supervisión del cumplimiento de los derechos civiles que cubren dicha organización o institución. Yo autorizo a DCF, DHS o DWD a recibir material e información sobre mí pertinente a la investigación de mi queja. Esto incluye, pero no está limitado a, aplicaciones, archivos, registros personales, y / o registros médicos. Yo entiendo que el material y la información se utilizarán para el cumplimiento de los derechos civiles autorizados y las actividades de aplicación. Además, entiendo que no estoy obligado a autorizar este comunicado, y lo hago de forma voluntaria. Ponga sus iniciales en esta línea si usted da su consentimiento: ____ (Iniciales).

CONSENTIMIENTO NEGADO - He leído y entendido la información y no quiero que DCF, DHS o DWD revele mi identidad a la organización o institución bajo investigación, o que revisen, reciban copias o discutan material e información de consentimiento relacionado conmigo, relativos a la investigación sobre mi queja. Entiendo que es probable que esto haga la investigación sobre mi queja y obtener todos los hechos más difícil y, en algunos casos, imposible, y puede resultar en el cierre de la investigación. Ponga sus iniciales en esta línea si usted no da su consentimiento: ____ (Iniciales).

FIRMA del Demandante o Representante del Demandante	Fecha de la Firma (mes/día/año)
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Children and Families
DCF-F-157

Health Services
F-00167

Workforce Development
DETS-16708-E

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165

Workforce Development
DETS-16705-E (R. 12/1/2013)

(For the Civil Rights Compliance Period from January 1, 2014, to December 31, 2017)

As a condition of funding under this contract(s), CITY OF APPLETON,

A. Service Delivery: Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply (live links can be found under **B. Authority**, starting on page 6 of this document):

- Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations
- Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from U.S. DHHS
- Age Discrimination Act of 1975, as amended 45 CFR Part 90
- Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91
- Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)
- Section 542 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-1) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 CFR Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Title II of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- DOJ F.R. Vol. 65, No. 159 / Wednesday, August 16, 2000 / Notices 50123 Enforcement of Title VI of the Civil Rights Act of 1964—National Origin Discrimination Against Persons with Limited English Proficiency, Policy Guidance
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)
- Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.
- Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 CFR.Part 83
- Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708
- Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C. § 290cc-33

- Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7
- Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57
- The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406
- The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918
- Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant-Type Programs
- Title I, Section 1557, The Affordable Care Act prohibits discrimination on the basis of gender identity and sex stereotyping
- Church Amendments, 42 U.S.C. 300a-7, section 245 of the Public Health Service Act, 42 U.S.C. 238n, and the Weldon Amendment, Consolidated Appropriations Act, 2010, Public Law 111-117, Div. D, Sec. 508(d), 123 Stat. 3034, 3279-80, referred to collectively as the “federal health care provider conscience protection statutes.”
- Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285
- Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children
- Part 251 - The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations
- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.
- Title VII of the Civil Rights Act of 1964
- Title I of the Americans with Disability Act of 1990
- Age Discrimination in Employment Act of 1967
- Equal Pay Act of 1963, as amended
- Executive Order 11246, as amended
- Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes
- Chapter 106.52 Public Places of Accommodation
- Employee Relations, Chapter 230

No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, gender identity, disability, or having an association with a person with a disability, religion, retaliation, and applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the DCF, DHS, or DWD. The

Federal Health Care Provider Conscience Protection law prohibits recipients of certain federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. The Genetic Information Nondiscrimination Act of 2008 (P.L. 110-233, 122 Stat. 881)¹, also referred to as GINA, applies to certain health care entities and providers that prohibits discrimination in health coverage and employment based on genetic information. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Recipient will:

1. Provide training to all staff on the CRC laws, and methods of providing meaningful and effective cross-cultural services to diverse populations from different cultures, linguistic, and/or physical conditions through the provision of cultural awareness skill training. Primary recipients and sub-recipients administering USDA-FNS funded programs must provide CRC training to all frontline staff who interact with program applicants and participants, not limited to supervisors and administrators, annually. Non USDA-FNS funded recipients must provide CRC training and/or cross-cultural awareness training for each staff person during the employee's initial orientation process and once every three years thereafter.
2. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 as amended (ADA) and it applies to local governments and municipalities, Title III of the ADA or Wisconsin Civil Rights Statute Chapter 106.52 Public Places of Accommodations or Amusement, and DWD Chapter 221.1.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or [Wisconsin Interpreting and Transliterating Assessment \(WITA\)-verified sign language interpreter](#) to assist deaf and hard-of-hearing applicants.
4. Provide [other options for effective communication](#) (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.
7. Establish an appeal or complaint process that shall be posted in the different languages of those LEP groups like to be eligible and likely to be encountered in the recipient's service area. The appeal and/or complaint process must be posted in conspicuous places such as lobbies and waiting rooms available to applicants/clients.

B. Employment Conditions: Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Chapter 106.52 Public Places of Accommodations; Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted

program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status or all or part of an individual's income is derived from any public assistance program, and membership in the military reserve. State law prohibits honesty and genetic testing or protected genetic information in employment, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. The Federal Health Care Provider Conscience Protection Law protects certain health care providers on the basis of religion. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes "Indian Preference" that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through "Consultation and Coordination" with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe. Furthermore, USDA-FNS 7 CFR Part 272.2(b) 3., requires DHS to implement the Supplemental Nutrition Assistance Program (SNAP) in a manner that is responsive to the special needs of American Indians on reservations and consult in good faith with tribal organizations about that portion of the State's SNAP Plan of Operation pertaining to the implementation of the Program for members of the tribe on reservations.

The Recipient will:

1. Fairly and consistently administer and revise policies and procedures to comply with federal and state employment laws.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

Name of Equal Opportunity Coordinator Debra M. Van Den Bogart	Title Deputy Director of Human Resources
Telephone Number 920 - 832-6427	Email Address debra.vandenbogart@appleton.org

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name Sonja Jensen	LEP Coordinator Title Public Health Nurse Supervisor
Telephone Number 920 - 832-6429	Email Address sonja.jensen@appleton.org

The CITY OF APPLETON agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients and applicants for services, subcontractors, and referral agencies.

The CITY OF APPLETON agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The CITY OF APPLETON agrees to implement the requirements of the CRC Letter of Assurance.

The CITY OF APPLETON agrees to conduct an annual self-assessment as required below.

- Self-Assessment Requirement--Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.

SIGNATURE - Executive Director or CEO

Date Signed