

**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 <i>Debra M Shufelt</i>		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 <i>Kathy Stromberg</i>		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 <i>Timothy M Hanna</i>		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.

<b>Employment:</b>	
1. Our agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every 1 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
<b>Service Delivery:</b>	
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.

**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 #: _____	34	Combined #: _____	Combined #: 824	
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

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.

**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

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.

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### 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

**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 <b>Appendix D</b> .	<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 <b>Appendix E</b> .	<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.

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## 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.



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"> <li>• Indicate date EOC received CRC Training _____</li> <li>• Indicate date LEPC received CRC Training _____</li> </ul>	<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"> <li>• Provide Name: _____</li> <li>• Sub-recipients/Subcontractors</li> <li>• Supervisors/Managers/Administrators</li> <li>• Frontline Staff</li> </ul>	<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. <b>NOTE:</b> Recipients must <b>PROMINENTLY</b> 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, "<b>You have the right to an interpreter at no cost to you. Please point to your language,</b>" 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> <b>For pre-literate populations or language groups, provide an audio format or version of this information.</b></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"> <li>• Spanish</li> <li>• Hmong</li> <li>• Russian</li> <li>• Other languages: _____.</li> </ul>	<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 <b>Appendix F</b>, 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"> <li>• DCF</li> <li>• DHS Complaint <a href="http://dhs.wisconsin.gov/civilrights/index.htm">http://dhs.wisconsin.gov/civilrights/index.htm</a></li> <li>• DHS Instructions to complete the complaint <a href="http://dhs.wisconsin.gov/forms/f8f80983a.pdf">http://dhs.wisconsin.gov/forms/f8f80983a.pdf</a></li> <li>• DWD</li> <li>• US DHHS Region V Office of Civil Rights, Chicago</li> <li>• US DOJ Office of Civil Rights, Washington D.C.</li> <li>• USDA, Office of Civil Rights, Washington D.C.</li> </ul>	<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"> <li>• DCF Civil Rights Unit</li> <li>• DHS Civil Rights Compliance Office</li> <li>• DWD Civil Rights Unit</li> <li>• Appropriate Federal Office for Civil Rights (depending on the source of federal funds)</li> </ul> <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"> <li>• Division of Hearings and Appeals (DOA)</li> </ul> <p>c) Federal Agencies:</p> <ul style="list-style-type: none"> <li>• US DHHS, Region V OCR, Chicago</li> <li>• USDA, Office of Civil Rights, Washington D.C.</li> <li>• US DOJ, Office of Civil Rights, Washington D.C.</li> </ul> <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) <b>Employees</b> are made aware of other venues of redress for: Discrimination in employment conditions to:</p> <ul style="list-style-type: none"> <li>• Wisconsin Equal Rights Division (ERD)</li> <li>• Equal Employment Opportunity Commission (EEOC), US DOJ</li> <li>• Federal Office of Contract Compliance (FOCC) US DOL</li> <li>• Appropriate Federal Office for Civil Rights (depending on the source of federal funds).</li> </ul>	<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"> <li>• Agency Heads</li> <li>• Administrators</li> <li>• Mid-Level Managers</li> <li>• Front-line staff</li> </ul>	<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"> <li>• Sub-recipients and their Supervisors, Managers, Administrators Frontline Staff</li> </ul>	<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, religion<sup>1</sup>, 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.

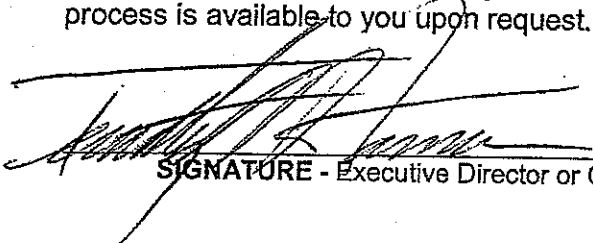
**SERVICE DELIVERY**

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

<sup>1</sup> 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 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.

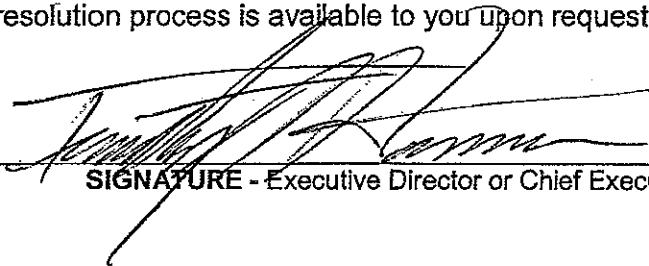
It is the policy of City of Appleton  
to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter 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 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:

<b>SIGNATURE</b> - 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
---------------	-------------	-------

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?

**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
<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><b>Wisconsin Department of Children and Families</b>            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><b>Wisconsin Department of Health Services</b>            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, and other programs administered by the Wisconsin Department of Workforce Development.</p>	<p><b>Wisconsin Department of Workforce Development</b>            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. 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>

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></p> <p>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 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).

<b>SIGNATURE</b> - 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