STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
and
DEPARTMENT OF HEALTH AND FAMILY SERVICES

CIVIL RIGHTS COMPLIANCE PLAN
for Counties and Other Municipalities

Affirmative Action, Equal Opportunity, and Limited English Proficiency Plan

For the requirements of
the U.S. Department of Health and Human Services
and the U.S. Department of Agriculture

Effective January 1, 2004 to December 31, 2006

http://www.dwd.state.wi.us/dws/civil_rights/cr0406/cr_plans.htm

Recipient			
Address (include zip code and county)			
Print Name of Equal Opportunity Coordinator		**Print Name** of Limited English Proficiency Coordinator	
Signature of Equal Opportunity Coordinator		**Signature** of Limited English Proficiency Coordinator	
Signature Date	Phone Number ( ) -	Signature Date	Phone Number ( ) -
Email		Email	
Print Name of Director or Chief Executive	Email		Phone Number ( ) -
Signature of Director or Chief Executive			Signature Date
Number of employees on payroll is 25 or more? ☐ Yes ☐ No		Amount of contract totals $25,000 or more? ☐ Yes ☐ No	

A HARD COPY OF THIS COMPLETED PAGE MUST BE RETURNED
TO THE APPROPRIATE STATE AGENCY PROGRAMS COVERED BY PLAN

Departments of Workforce Development and Health and Family Services
Civil Rights Compliance Plan

TABLE OF CONTENTS

	Page
Programs Covered by the Plan	1
Civil Rights Compliance Plan	2
Data Collection	2
Recruitment Strategies and Action Plan	2
Workforce Analysis	2
Equal Opportunity Requirements	4
Customer Service Population Analysis	5
Definitions for Customer Analysis	5
Summary for Customer Analysis	6
Policy Statement and Notification	7
Designation of Equal Opportunity Coordinator	7
Access to Services	8
Discrimination Complaint/Grievance Procedure	9
Self-evaluation	10
Limited English Proficiency Requirements	11
LEP Customer Service Language Access Analysis	11
Definitions for LEP Analysis	12
Summary of LEP Customer Analysis	12
Identification of and Services for LEP Language Groups	13
Statement and Notification	13
Designation of Limited English Proficiency Coordinator	14
Access to LEP Services .	14
LEP Complaint/Grievance	16
LEP Self-evaluation	16
Attachments	17
Attachment 1: Equal Opportunity Policy and Translations	17
English	
Spanish	
Hmong	
Attachment 2: Limited English Proficiency and Translations	20
English	
Spanish	
Hmong	
Attachment 3: Discrimination Complaint Forms/Process	33
English	
Spanish	
Hmong	
Attachment 4: Letter of Assurance Model	49

Programs Covered by the Plan

DWD, Division of Workforce Solutions Programs and Services

Identification of programs and services covered by this Plan. Check all that apply.

☐ Wisconsin Works (W-2)	☐ Food Stamp Employment & Training Program
☐ Child Support	☐ Refugee Programs
☐ Child Care	☐ Other (specify):

Department of Health and Family Services Programs and Services

Please specify the program and grant contract.

☐ Adoption and Foster Care	☐ Food Stamps
☐ Aging	☐ Home Consultation Services for Child-Related Programs
☐ Programs and Services for the Blind	☐ Long Term Care
☐ Chronic Disease and Health Prevention	☐ Medicaid Health Care, BadgerCare, SeniorCare, FamilyCare
☐ Communicable Diseases	☐ Mental Health
☐ Programs/Services for Deaf & Hard of Hearing	☐ Milwaukee Child Welfare Program
☐ Developmental Disability	☐ Occupational Health
☐ Disability Determination (SSI/SSDI)	☐ Regulations and Licensing for Child Care, Group Foster Homes and Child Welfare
☐ Emergency Medical Services and Injury Prevention	☐ Substance Abuse
☐ Environmental Health	☐ Other (specify):
☐ Family Health and Community Health	☐ Other (specify):

Other DHFS Type A Programs

See Single Agency Audit requirements for description of Types.

☐ Brain Injury, Community Supported Living Arrangement	☐ Community Options Program Waivers (COP-W)
☐ Case Management Agency Provider/ Wisconsin Medical Assistance Program	☐ Long Term Care/Family Care
☐ Community Integration Program IA, IB (CIP IA, CIP IB)	☐ Medicaid Personal Care Program
☐ Community Integration Program II (CIP II)	☐ Other (specify):

Civil Rights Compliance Plan
for Counties and Other Municipalities

A. DATA COLLECTION:

In order to complete our agency's workforce and customer service population analysis to comply with the requirements of the Civil Rights Compliance Plan, our agency has the following data collection activities:

1. The agency has a data collection system to record how many employees in our agency have disabilities. The system updates the data every years. The data collection process is in compliance with ADA requirements for confidentiality.	☐ Yes ☐ No
2. Our agency has a system that records the race and ethnicity of:	
a) Employees	☐ Yes ☐ No
b) Participant	☐ Yes ☐ No
3. Our agency has a system to record the:	
a) Interpretation needs of LEP participants	☐ Yes ☐ No
b) List of written translation of vital documents for LEP groups	☐ Yes ☐ No
c) Sign interpretation needs of deaf and hard of hearing participants	☐ Yes ☐ No
d) Other accommodation needs of participants with disabilities	☐ Yes ☐ No

If you responded "no" to any of the above questions, describe your plan for addressing these requirements, including target dates for completion of milestones, in the following space:

B. RECRUITMENT STRATEGIES AND ACTION PLAN:

1. Workforce Analysis

Step 1 - **Labor Market Area Analysis:** Use the DWD Labor Market website to access your labor market area and complete the data for Job Categories included in your agency's workforce. For example, if you do not have any positions under "Sales Workers" you do need not to calculate the Labor Market Area percentages for "Sales Workers."

JOB CATEGORIES	Labor Market Area	Females		Minorities	
	Totals	Totals	%	Totals	%
Officials & Managers					
Professionals					
Technicians					
Sales Workers					
Office & Clerical Workers					
Craft Workers					
Operatives					
Laborers					

Service Workers					

Step 2 - **Workforce Analysis of Your Agency:** Employees include all full-time, part-time and temporary employees that you employ in Wisconsin. Use a period of time for data analysis that is within one year of your receiving the State of Wisconsin contract covered by this Plan. Individuals who work for your organization under a vendor's contract are NOT considered your agency's employees.

JOB CATEGORIES	Workforce Employee Totals	Females		Minorities	
		Totals	%	Totals	%
Officials & Managers					
Professionals					
Technicians					
Sales Workers					
Office & Clerical Workers					
Craft Workers					
Operatives					
Laborers					
Service Workers					
Totals					

Step 3 - **Analysis for Under-representation by Job Groups in Your Agency:** By comparing the representation of minorities and women in your workforce with their representation in the labor market, you will determine which, if any, job categories are under-represented. To compute the variance between the representation in the Labor Market Area as it compares with your agency's workforce, take the labor market percentage of the Job Group for each protected group and subtract this percentage from your workforce percentage.

Variance = (Agency Workforce % - Labor Market %)

a) <u>For Women:</u>

	From Step 1	***From Step 2***	
JOB CATEGORIES	**Labor Market Percentage (a)**	**Workforce Percentage (b)**	**Variance (+/-) b-a**
Officials & Managers			
Professionals			
Technicians			
Sales Workers			
Office & Clerical Workers			
Craft Workers			
Operatives			
Laborers			
Service Workers			

Is there a negative variance for any job category? ☐ Yes ☐ No

If yes, specify which category or categories:

b) <u>For Minorities</u>:

JOB CATEGORIES	From Step 1 Labor Market Percentage (a)	From Step 2 Workforce Percentage (b)	Variance (+/-) b-a
Officials & Managers			
Professionals			
Technicians			
Sales Workers			
Office & Clerical Workers			
Craft Workers			
Operatives			
Laborers			
Service Workers			

Is there a negative variance for any job category? ☐ Yes ☐ No

If yes, specify which category or categories:

Step 4 - Analysis of Representation of Persons With a Disability: Use the data on page one for a county or metropolitan area from http://www.dwd.state.wi.us/lmi/affirm.htm to determine what percent of the Labor Force is made up of persons with a disability.

a) Number in the Labor Force:
b) Number of "Handicapped in the Labor Force": .
c) Percentage of persons with a disability in the Labor Force ([b divided by a] x 100=):
d) Number of employees in your workforce (see Step 2 above):
e) Number of employees with a disability in your workforce:
f) Percentage of the workforce made up of persons with a disability ([e divided by d] x 100=):

Determine variance: (f) _____ - (c) _____ = _____ variance

Is the variance negative? ☐ Yes ☐ No

Step 5 - **Recruitment Strategies and Action Plan:** If a negative variance exists for any protected group (i.e., women, minorities or persons with a disability) in any Job Category from Steps 3 and 4 above, describe your plan for addressing under-representation of this group in the Job Category:

This analysis was prepared by:

Name	**Title**
E-Mail Address	**Phone**

C. EQUAL OPPORTUNITY REQUIREMENTS:

1. Customer Service Population Analysis

a) Data for customer analysis:

Step 1: Each program must determine the best way to define its eligible population. For example, a program might have age or income limitations. One program or service might be available to all county or city residents.

- See Civil Rights Compliance Plan Instructions for information on available data sources.
- To calculate the number and percentage for all minorities, write out the numbers for each minority category and combine these as the sum. Use this total to calculate the percentage of minorities compared to the total eligible population in the service area.

Step 2: Identify the population actually served for each program through local resources. Reflect the population served by the various categories listed.

Step 3: Compute the variance between the percentage of the eligible population served and the eligible population likely to be encountered by each of the protected categories (i.e., minorities, females, persons with disabilities).

b) Complete a separate customer service population analysis for each program you operate:

Customer Service Population Analysis
Program Name:
(copy additional forms as needed)

	Step 1 Eligible population likely to be encountered in service area .			**Step 2 Eligible population served in service area in most recent calendar or program year.**			**Step 3 Variance**
CATEGORY	**Number**	**Percent (%) (a)**		**Number**	**Percent (%) (b)**		(b)-(a)
TOTAL eligible population in service area		100%			100%		N/A
White							N/A
African American or African origin		Com-bined Number:	Com-bined %:		Com-bined Number:	Com-bined %:	
American Indian or Alaska Native							
Asian							
Native Hawaiian or other Pacific Islander							
More than 1 race							
Hispanic/Latino regardless of race							
Females							
Persons with Disabilities							

c) Definitions for Customer Analysis:

1) **"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.

2) **"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, whether or not they are currently being served.

3) **"Percent of Eligible Population 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.

4) **"Percent of Actual Population Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, persons with disabilities) served by the total number of eligible population served in the service area.

d) Summary for Customer Analysis:

Geographic Service Area
Data Source(s)
Data Period From: To:

Is there a negative variance for any of the protected categories? ☐ Yes ☐ No

If so, specify which protected category or categories.

If variance is greater than 2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

What can be tried to improve participation?

If denials for service have been disproportionate within the last 24 months, please explain:

How many discrimination complaints were filed within the last 24 months?

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

This analysis was prepared by:

Name	
Title	Date

2. Equal Opportunity Policy Statement and Notification

a) Our agency is utilizing the DWD/DHFS model for Equal Employment Opportunity and Civil Rights Policy Statement that is provided in Attachment l of this plan, including the translations required in accordance with LEP Plan for vital documents.	☐ Yes ☐ No

b)	Instead of utilizing the model Equal Opportunity Policy Statement, we have provided our own Civil Rights Policy Statement as Attachment l of this plan, including the translations required in accordance with LEP Plan for vital documents.	☐ Yes ☐ No
b)	We will disseminate the policy statement in the following ways:	
1)	The policy is included in policy and operating procedures manual.	☐ Yes ☐ No
2)	The policy is permanently posted where both current customers and applicants for services may review it.	☐ Yes ☐ No
3)	The policy is reviewed annually by managers, supervisors and staff.	☐ Yes ☐ No
4)	New employees and managers are informed of the policy as part of their orientation program and in-service training. New staff will receive training on the policy, along with instruction on the laws and regulations concerning equal opportunity in employment and service delivery. Copies of the laws and regulations are made available to staff.	☐ Yes ☐ No
5)	Staff refresher training for updates are required once every three years.	☐ Yes ☐ No
6)	The policy is 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 as requested.	☐ Yes ☐ No
7)	A short form of the policy is included in recruitment materials, use of media, publications, phone listings, and directories.	☐ Yes ☐ No
8)	The policy is incorporated in contracts and agreements with vendors and contractors for services.	☐ Yes ☐ No
9)	Customer referral sources are notified of the policies.	☐ Yes ☐ No

If you responded "No" to any of the above questions, in the following space describe your plan for addressing this requirement, including target dates for completion of milestones:

3. <u>Designation of Equal Opportunity Coordinator</u>

a)	A management level employee has been appointed to the position of Equal Opportunity Coordinator (EOC).	☐ Yes ☐ No
b)	Our EOC has direct access to the organization head to discuss equal opportunity issues or activities.	☐ Yes ☐ No
c)	Our EOC has received or will receive civil rights training within six months of assuming equal opportunity duties.	☐ Yes ☐ No
d)	The name of our EOC is typed on the cover page and the individual has signed the cover page indicating an understanding of his/her responsibilities.	☐ Yes ☐ No
e)	Our EOC has the following responsibilities:	
1)	Handling service delivery and employment discrimination complaints.	☐ Yes ☐ No
2)	Disseminating equal opportunity information to provider staff and interested persons.	☐ Yes ☐ No
3)	Preparing equal opportunity plans and reports.	☐ Yes ☐ No
4)	Acting as equal opportunity liaison between the provider, DWD or DHFS, recipients or subrecipients of federal financial participation, and the community.	☐ Yes ☐ No
5)	Monitoring, conducting compliance reviews, and evaluating equal	☐ Yes ☐ No

opportunity activities in the organization.	
6) Providing monitoring, and evaluating civil rights, cultural awareness, disability sensitivity, and language needs for provider staff training.	☐ Yes ☐ No
7) Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that subrecipients and sub-grantees are maintaining records in accordance with program requirements.	☐ Yes ☐ No
8) Providing input to management to improve equal opportunity in employment and service delivery.	☐ Yes ☐ No
9) Where equal opportunity functions relate to language access, planning and carrying out the EOC and Limited English Proficiency Coordinator functions in collaboration.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target dates for completion:

4. Access to Services

a) Removal of Physical Barriers: Copies of completed ADA Accessibility Guidelines (ADAAG) or facility assessments checklists are maintained on file.	☐ Yes ☐ No
b) Our organization assures that services are equally available to everyone by:	
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.	☐ Yes ☐ No
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.	☐ Yes ☐ No
3) Providing language interpreters and/or sign interpreters to assist applicants and customers with limited ability to read, speak or understand English or those who are deaf or hard of hearing.	☐ Yes ☐ No
4) 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.	☐ Yes ☐ No
5) Providing readers or assistive technology for persons with visual impairments.	☐ Yes ☐ No
6) Providing special assistance for persons with developmental or learning disabilities.	☐ Yes ☐ No
7) Informing eligible immigrants that information regarding their immigration status will not be reported to other federal agencies, and will not be used to discriminate against them.	☐ Yes ☐ No
8) Ensuring that members of protected classes have equal opportunity to participate on planning and advisory boards on local levels through notification of membership opportunities.	☐ Yes ☐ No
9) Allocating funds in a non-discriminatory manner.	☐ Yes ☐ No
10) Providing equal opportunity for applicants to become vendors, grantees and sub-grantees, and contractors. Using non-discriminatory factors in determining awards, sizes of grants, contracts, projects, and the quality,	☐ Yes ☐ No

	quantity, range of benefits provided in proportion to the number of such 9 members in the service area.	
11)	Establishing program service areas to integrate members of protected classes.	☐ Yes ☐ No
12)	Treating protected class members with full courtesy and respect in all personal, oral, written and other forms of communication and contract.	☐ Yes ☐ No
13)	Providing culturally competent bilingual and/or bicultural qualified staff and specialized services so as to maximize use and completion of the program by the protected class.	☐ Yes ☐ No
14)	Ensuring that sanctions and terminations are applied in a culturally sensitive, non-discriminatory manner without regard to protected status.	☐ Yes ☐ No
15)	Provide access through Telecommunication Device for the Deaf (TDD) or Wisconsin Relay Service (WRS) for the deaf and hard of hearing participants upon request.	☐ Yes ☐ No

If you responded "No" to any of the above questions in the space below, describe your plan for addressing these requirements, including target dates for completion of major milestones:

5. Discrimination Complaint/Grievance Procedure

a)	Our agency is utilizing the DWD/DHFS model Discrimination Complaint Forms and Process, which is provided in Attachment lll of this plan, including the translations required in accordance with LEP Plan for vital documents	☐ Yes ☐ No
b)	Instead of utilizing these model Discrimination Complaint Forms and Process, we have provided our own discrimination complaint process as Attachment lll of this plan, including the translations required in accordance with LEP Plan for vital documents	☐ Yes ☐ No
c)	Our organization will implement the following procedures:	
1)	Our complaint resolution procedure, including the name, address and phone number of the 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.	☐ Yes ☐ No
2)	All written investigation documents are held confidential.	☐ Yes ☐ No
3)	All participants in complaint investigations are protected from retaliation.	☐ Yes ☐ No
4)	Complaints received will be acknowledged within 5 calendar days including appeal rights. If extensions are needed, the complainant will be notified	☐ Yes ☐ No
5)	Results of the complaint investigation will be provided to complainant within 90 days of receipt of the complaint along with appropriate appeal rights.	☐ Yes ☐ No
6)	Corrective actions are taken when evidence of discrimination has been found unless waived by the complainant.	☐ Yes ☐ No
7)	Translators, interpreters and/or readers, who meet the communications needs of customers, are provided by the organization during the complaint process.	☐ Yes ☐ No
8)	Customers are permitted to have representatives of their choice during the complaint process.	☐ Yes ☐ No
9)	**Customer** complainants are made aware of other avenues of redress, including the right to appeal for:	

♦ Discrimination in service delivery to: • Division of Workforce Solutions, DWD • AA and Civil Rights Office, DHFS • Appropriate Federal Office for Civil Rights (depending on the source of federal funds) ♦ Program decisions to: • DOA Division of Hearings and Appeals • Other (specify)	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
10) **Employee** complainants are made aware of other avenues of redress for: ♦ Discrimination in employment conditions to: • DWD or DHFS above • Wisconsin Equal Rights Division (ERD) for the private and public sectors • Equal Employment Opportunity Commission (EEOC), U.S. DOJ • Appropriate Federal Office for Civil Rights (depending on the source of federal funds).	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
11) Recipient or subrecipient staff will assist complainants during the complaint process if necessary.	☐ Yes ☐ No
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.	☐ Yes ☐ No

If you responded "No" to any of the above questions in the space below, describe your plan for addressing these requirements, including target dates for completion of major milestones.

6. Self-Evaluation

a) Our organization annually evaluates and revises its service delivery and employment practices according to the following procedures:	
1) Conduct a self-evaluation with consultation from interested persons, including persons or organizations.	☐ Yes ☐ No
2) Modify any policies or practices that do not meet the standards for equal opportunity in employment or service delivery.	☐ Yes ☐ No
3) Take appropriate remedial steps to eliminate the effects of any discrimination or adverse impact that resulted from past policies or practices.	☐ Yes ☐ No
4) Maintain records of the evaluation 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 monitoring staff.	☐ Yes ☐ No
5) 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, and determine that no person is excluded from participation, denied any benefits, or subjected to discrimination. Data analysis will include comparisons of applicants, eligibles, non-eligibles, persons terminated from service, and bilingual staff persons.	☐ Yes ☐ No
6) Compare racial and ethnic, gender, and disability workforce statistics in proportion to their representation in the local labor market.	☐ Yes ☐ No

7)	Monitor reasonable accommodation procedures for employees with disabilities.	☐ Yes ☐ No
8)	Make improvements to facilities as reasonable and necessary, providing physical accessibility to persons with disabilities	☐ Yes ☐ No
9)	Monitor the civil rights and equal employment opportunity compliance of subgrantees, sub-contractors and/or vendors on a biennial basis.	☐ Yes ☐ No
10)	Assess needs of members of 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.	☐ Yes ☐ No
11)	Assess representation by members of protected classes for boards, councils, volunteers, and subgrantees. Appropriate Federal Office for Civil Rights (depending on the source of federal funds).	☐ Yes ☐ No
12)	Maintain reports of providers, grantees, sub-grantees, and vendors' compliance and steps to achieve compliance.	☐ Yes ☐ No
13)	Maintain reports of all complaints by name, address, date, nature, and investigation status. These reports must be accessible during on-site visits.	☐ Yes ☐ No

If you responded "No" to any of the above questions in the space below, describe your plan for addressing these requirements, including target dates for completion of milestones.

D. LIMITED ENGLISH PROFICIENCY PROGRAM (LEP) REQUIREMENTS:

1. LEP Customer Service Language Access Analysis

Before you can make a meaningful plan, you must assess your customer population in terms of language needs in your service area.

Analysis for Written Translation Needs:

Customer Service Language Access Analysis:

Population in Service Area	LEP population likely to be encountered in service area **(a)**	LEP population served in service area **(b)**	Percent of LEP served **b/a x 100**	Is written translation of vital documents necessary? **Yes or No**	Written notice for interpreter services sufficient? **Yes or No**
Languages Spoken	**Number**	**Number**	**%**	If LEP pop. is 5% or greater than 1000	If LEP pop. is 5% and less than 50
Spanish				☐ Yes ☐ No	☐ Yes ☐ No
Hmong				☐ Yes ☐ No	☐ Yes ☐ No
Russian				☐ Yes ☐ No	☐ Yes ☐ No
Bosnian/Serbian/ Croatian				☐ Yes ☐ No	☐ Yes ☐ No
Somali				☐ Yes ☐ No	☐ Yes ☐ No
Laotian				☐ Yes ☐ No	☐ Yes ☐ No

Other (specify):				☐ Yes ☐ No	☐ Yes ☐ No

Definitions for LEP analysis:

a) **"LEP Population Likely to be Encountered"** means the total number of eligible LEP participants who meet the eligibility requirements of the recipient's program, whether or not they are currently being served.

b) **"LEP Population Served**" means the actual number of LEP participants who are enrolled or registered in the recipient's program or services.

c) **"Percentage of LEP Population Served"** is computed by dividing the number of LEP population served by the total number of LEP population likely to be encountered.

Summary of LEP Customer Analysis

Service Area
Data Source(s)
Data From Previous 12 Months From: To:

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

This analysis was prepared by:

Name	
Title	**Date**

2. Identification of and 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 will be provided upon request at no charge to the customer.

b) ☐ 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.

c) ☐ Vital documents for our programs or services are regularly identified and inventoried.

d) ☐ Written translation of vital documents will be provided for LEP population groups that constitute 5% or 1,000, of persons eligible for, or likely to be affected by programs in the service area. Check the populations who are eligible to be served or likely to be directly affected by your programs:

- ☐ Spanish
- ☐ Bosnian/Croatian/Serbian
- ☐ Laotian
- ☐ Other (specify):
- ☐ Hmong
- ☐ Vietnamese
- ☐ Russian

3. LEP Policy Statement and Notification

a)	Our agency is utilizing the DWD/DHFS model Limited English Proficiency Policy which is provided in Attachment II of this plan, including the translations required in accordance with LEP Plan for vital documents.	☐ Yes ☐ No
b.)	Instead of utilizing this model Limited English Proficiency Policy, we have provided our own Limited English Proficiency Policy as Attachment II of this plan, including the translations required in accordance with LEP Plan for vital documents. **Note:** DWD and DHFS do not expect providers/recipients or subrecipients to translate DWD/DHFS forms and documents	☐ Yes ☐ No
c)	We will disseminate policy statement in the following ways:	
1)	The policy is included in our policy and operating procedures manual.	☐ Yes ☐ No
2)	The policy is permanently posted where both current customers and applicants for services may review it.	☐ Yes ☐ No
3)	The policy is reviewed annually by managers, supervisors and staff.	☐ Yes ☐ No
4)	New employees and managers are informed of the policy as part of their orientation program and in-service training. Staff will receive training on the policy, along with instruction on the laws and regulations concerning language access. Copies of the laws and regulations are made available to staff.	☐ Yes ☐ No
5)	Staff are required to attend refresher training session once every three years.	☐ Yes ☐ No
6)	The policy is available in alternative formats (i.e., relevant language translations, large print, on tape, Braille) upon request. If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities if requested.	☐ Yes ☐ No
7)	A short form of the policy is included in recruitment material, use of media, publications, phone listings and directories.	☐ Yes ☐ No

8)	The policy is incorporated in contracts and agreements with vendors, contractors, and suppliers.	☐ Yes ☐ No
9)	Customer referral services are notified of the policies.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target date for completion:

4. Designation of Limited English Proficiency (LEP) Coordinator

a)	A management level employee has been appointed to the position of Limited English Proficiency Coordinator (LEPC).	☐ Yes ☐ No
b)	Our LEPC has direct access to the organization head to discuss LEP issues or activities.	☐ Yes ☐ No
c)	Our LEPC has received or will receive LEP training within six months of assuming Limited English Proficiency Coordinator responsibilities.	☐ Yes ☐ No
d)	The name of our LEPC is typed on the cover page and the individual has signed the cover page indicating an understanding of his/her responsibilities.	☐ Yes ☐ No
e)	Our LEPC has the following responsibilities:	
1)	Handling language access complaints.	☐ Yes ☐ No
2)	Disseminating language access information to provider staff and interested persons.	☐ Yes ☐ No
3)	Preparing language access plans and reports.	☐ Yes ☐ No
4)	Monitoring, conducting compliance reviews and evaluating language access activities in the organization.	☐ Yes ☐ No
5)	Providing monitoring, and evaluating language access sensitivity and training needs for providers and staff.	☐ Yes ☐ No
6)	Providing input to management to improve language access.	☐ Yes ☐ No
7)	Where language access functions relate to equal opportunity, the LEPC and the Equal Opportunity Coordinator will plan and carry out functions in unison.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target date for completion:

5. Access to Services

a)	Our organization assures that services are equally available to everyone and we:	
1)	Notify LEP customers of their right to ask for translation to a language other than English whenever they access programs and services.	☐ Yes ☐ No
2)	Prepare a listing of our vital documents requiring written translation and update annually to reflect which documents have been translated.	☐ Yes ☐ No
3)	Prepare a listing of our critical materials that may require written translation and update annually.	☐ Yes ☐ No
4)	We use the following methods of written translation services: • Contract with an outside translation services to translate the recipient's vital documents.	☐ Yes ☐ No

	• Partner with community associations for paid or voluntary translation • Other:	☐ Yes ☐ No
5)	We use the following methods of oral interpretation:	
	• Establish procedures for taking incoming calls from LEP persons.	☐ Yes ☐ No
	• Hire bilingual staff.	☐ Yes ☐ No
	• Use a language line for languages not often used in the service area.	☐ Yes ☐ No
	• Partner with community associations for paid or voluntary translation services.	☐ Yes ☐ No
	• Use a telephone system that allows participants to access the appropriate staff who can assist them in getting information or services needed.	☐ Yes ☐ No
	• Other:	
6)	Develop policies on confidentiality and code of ethics for oral interpretation.	☐ Yes ☐ No
7)	Review oral interpreter and written translator vendor providers annually for quality of services provided.	☐ Yes ☐ No
8)	To the extent possible, develop collaborative partnerships with community based organizations (i.e., Mutual Assistance Agencies, faith-based organizations, UMOS etc.) as stakeholders. For example, establish an LEP Council as advisory to your agency on cultural and linguistic issues of the community.	☐ Yes ☐ No
9)	List methods used to communicate vital documents to customers. Check all that apply: ☐ Video ☐ Television ☐ Web Sites ☐ Radio ☐ Posters ☐ Community Newspaper ☐ Voice Mail Messages ☐ Other ☐ Interactive Voice Response (IVR)	
10)	Where language access relates to equal access to services, coordinate functions with the Equal Opportunity policy and related plans.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target date for completion:

6. LEP Discrimination Complaint/Grievance Procedure

a)	Our organization will implement the following procedures:	
1)	The procedures for the resolution of complaints regarding language assistance.	☐ Yes ☐ No
2)	The utilization of the equal opportunity discrimination complaint/grievance procedures for alleged discrimination complaints and/or grievances involving language access.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target date for completion:

E. SELF-EVALUATION:

a)	Our organization annually evaluates and revises its service delivery and employment practices according to the following procedures.		
	1)	Conduct an annual self-evaluation of language access policies, procedures and services and modify those requiring improvement.	☐ Yes ☐ No
	2)	Maintain records of the evaluation 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 staff.	☐ Yes ☐ No
	3)	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.	☐ Yes ☐ No
	4)	Coordinate with equal opportunity policies and related plans where language access relates to equal opportunity and service delivery.	☐ Yes ☐ No

If you responded "No" to any of the above questions, describe your plan for addressing this requirement, including target date for completion:

ATTACHMENT 1

EQUAL OPPORTUNITY POLICY STATEMENT

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

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, military participation, or use or non use of lawful products off the employers premises during working hours. All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

No otherwise qualified applicant for service or service participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities.

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

(Mr./Ms.) _____ may be reached on (Days) _____
_____ from (Hours) _____ at (Telephone Number)
(___) ___-_____

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

Signature of Director or Chief Executive	Signature Date

ENGLISH EQUAL OPPORTUNITY POLICY
DWSD-12998-E (R. 11/2003)

ATTACHMENT 1

DIRECTIVA DE IGUALDAD DE OPORTUNIDAD

(Equal Opportunity Policy)

(Nombre de la Organización) _____ cumple con las directivas y normas para igualdad de oportunidad del Wisconsin Department of Workforce Development, Division of Workforce Solutions, and Department of Health and Family Services, con todos los estatutos federales y estatales, y con las regulaciones que prohiben discriminación en el empleo y en la provisión de servicios.

Ninguna persona que esté calificada de otro modo será excluída del empleo, megada los beneficios del empleo, o sometida de cualquier otro modo a discriminación en el trabajo en base a su edad, raza, religión, color, sexo, nacionalidad de origen o antepasados, impedimentos, condición física, incapacidad de desarrollo, historia de arrestos o convicciones, orientación sexual, estado matrimonial o participación en las fuerzas armadas. Esperamos que todo el personal apoyará nuestras metas y las actividades de nuestros programas que se relacionan con la prohibición de discriminación en el trabajo.

Ninguna persona que solicite servicios para los que esté calificada de otro modo será negada beneficios, o sometida de cualquier otro modo a discriminación en base a su raza, color, nacionalidad de origen o antepasados, sexo, religióm, edad, o incapacidades. Esta directiva se refiere a la elegibilidad y acceso a nuestros servicios, y al tratamiento recibido en todos nuestros programas y actividades.

Para ayudarnos a cumplir con todas las reglas, regulaciones y guías de igualdad de oportunidad

pertinentes, yo he nombrado a (el nombre) _____,

(el Título) _____, como Coordinador(a) de Igualdad de Oportunidad. Yo le invito a discutir con este empleado(a) cualquier problema de discriminación que Usted perciba con respecto al trabajo o á los servicios. Ud. Puede comunicarse con el Sr./la Sra./la Srta.

(el nombre) _____ de Lunes a Viernes desde las

(hours) _____, hasta las _____ llamando el teléfono

(___)____-____. Tenemos disponible información acerca de nuestro proceso para resolver quejas de discriminación si Ud. La solicita.

La Firma of Director or Chief Executive	La Fecha

SPANISH EQUAL OPPORTUNITY POLICY
DWSD-12998-E-S (R. 11/2003)

ATTACHMENT 1

CAI PHEEJ XEEB

(Equal Opportunity Policy)

(Npe Koomhaum/Chaw Ua Hauj Lwm) _____
ua raws nraim li txoj cai pheej xeeb ntawm xeev Wisconsin Department of Workforce Development, Division of Workforce Solutions, and Department of Health and Family Services, Lub Chaw Ua Kam Pab Tsoom Neeg thiab Kev Noj Qab Haus Huv thiab lwm txoj cai ntawm xeev thiab tseem fwv uas hais ntsig txog tsis pub muaj kev ntxub nxtaug nyob hauv kev ua hauj lwm thiab kev pabcuam.

Tsis pub kom tus neeg uas muaj peev xwm ua tau raug cais tawm ntawm kev ua hauj lwm, tsis tau txais cov kev pab los ntawm kev ua hauj lwm los yog poob rau kev ntxub ntxaug hauv kev ua hauj lwm vim lub hnub nyoog, caj neeg, kev ntseeg, cev nqaij daim tawv, txawm xeeb, haiv neeg, los yog caj ces, sav zeej, cev ntaj ntsug tsis xwm yeem, lwm yam mob rau txoj kev loj hlob, raug txhom raug ntes, kev plees kev yi, kev ua txij nkawm, los yog ua peeb zeej tub rog. Tag nrho cov neeg ua kam yuav tsum tau pab txhawb peb lub hom phiaj thiab lwm yam dej num uas kis txog kev ntxub ntxaug nyob hauv kev ua hauj lwm.

Tsis pub kom tus neeg uas muaj peev xwm ua tau raug cais tsis pub koom tes, tsis tau txais cov kev pab, los yog poob rau kev ntxub ntxaug vim caj neeg, cev nqaij daim tawv, haiv neeg, txawm xeeb, kev ntseeg, hnub nyoog los yog sav xeeb. Txoj cai no siv rau ntau yam xws li kev tsim nyog tau txais kev pab thiab kom tau txais los yog muaj kev pab yooj yim, thiab kom tau txais kev kho mob nkeeg uas muaj nyob rau hauv cov kev pabcuam thiab lwm yam.

Qhov yuav pab kom peb ua tau raws li cov cai pheej xeeb thiab lwm cov cai, kuv tau xaiv

_____ , (Title) _____,
los ua tus Equal Opportunity Coordinator. Kav tsij mus nrog tus neeg no tham yog koj xav tias tau ntsib kev ntxub ntxaug rau kev ua hauj lwm los yog kev pabcuam. Koj hu tau rau (Mr./Ms.)
_____ hnub _____,

txij li thaum _____, ntawm tus xov _____.
Peb muaj cov ntaub ntawv qhia txog txoj kev daws kev tsis txaus siab rau kev ntxub ntxaug pub rau koj yog koj nug txog.

Npe Director los yog Chief Executive	Hnub, Hli & Xyoo

HMONG EQUAL OPPORTUNITY POLICY
DWSD-12998-E-H (R. 11/2003)

ATTACHMENT 2

LIMITED ENGLISH PROFICIENCY POLICY
DEPARTMENT OF WORKFORCE DEVELOPMENT

POLICY STATEMENT

The (agency name) _____ is committed to:

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

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

DEFINITIONS

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

- **Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et seq. and its implementing regulation at 45 CFR part 80** - The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.

- **Limited English Proficiency** - (LEP) Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.

- **Vital Documents** - A document, paper or electronic, that contains information that is critical for accessing the provider/agency services and/or benefits; letters or notices that require a response from the customer; and documents that inform customers of free language assistance.

- **Safe Harbor** - The threshold that permits programs to decide when a written translation is required in order to comply with Title VI of the Civil Rights Act of 1964. The following are the thresholds:

    - Written translation of agency vital documents will be provided for each eligible language group that 5% or 1,000 individuals, whichever is less, will be provided for the populations of persons eligible to be served or encountered by our programs.
    - If there are fewer than 50 persons in a language group, the recipient does not translate vital written materials, but provides written notice in the primary language of the LEP group of their right to oral interpretation of those written materials, free of cost.

- **Major LEP Language Groups** - The populations of persons with Limited English Proficiency (LEP) in Wisconsin that represent 5% or 1,000 individuals in the area. For Wisconsin, the **Statewide Major LEP Language Groups** are Spanish and Hmong.

- **Qualified Interpreters** - Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation, and awareness of relevant cultural issues.

- **Interactive Voice Response** - (IVR System) an automated system that enables callers to obtain and provide information over the telephone in English and other languages.

LIMITED ENGLISH PROFICIENCY COORDINATOR

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

The agency management level Limited English Proficiency Coordinator is:

Name	Phone Number ( ) -

The agency back-up LEPC is:

Name	Phone Number ( ) -

ASSESSMENT AND PLANNING

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

MONITORING

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

WRITTEN NOTICE OF LANGUAGE ACCESS RIGHTS

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

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

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

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

EQUAL OPPORTUNITY POLICY AND DISCRIMINATION COMPLAINT POSTINGS

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

INTERPRETATION AND TRANSLATION

- **WRITTEN TRANSLATION**

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

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

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

- **ORAL INTERPRETATION**

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

- **ACQUIRING TRANSLATION AND INTERPRETATION SERVICES**

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

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

  Oral Communication
  Contract Information for Telephone Conference-Call Foreign-Language Oral Interpretation Services
  http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1354

  Written Communication
  Contract Information for Written Translations; Translation Services for written documents.
  http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1476

- **COMPETENCY OF INTERPRETERS AND TRANSLATORS**

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

- **OTHER COMMUNICATION METHODS**

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

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

TRAINING

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

COMMUNITY OUTREACH

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

AUTHORITY

Director or Chief Executive	Date

ATTACHMENT 2

Política de Capacidad Limitada del Inglés
DEPARTMENT OF WORKFORCE DEVELOPMENT

Declaración de la Política

(Nombre de la agencia) _____ se compromete a proveer igualdad de oportunidad en todos los programas y servicios para asegurar el cumplimiento completo de todas las leyes de derechos civiles, incluyendo Título VI del Acta 1964 de los Derechos Civiles, el cual requiere que no haya discriminación a base de originen nacional. Igualdad de oportunidad incluye acceso físico a programas para personas con incapacidades y acceso a programas para personas con capacidad limitada de inglés (LEP.) El acceso físico y acceso al programa para personas con incapacidades se cubre bajo el Acta de Americanos con Incapacidades de1990 y el Acta de Rehabilitación de 1973 según es enmendado en Sección 504.

Es la política de esta agencia el proveer servicios de idiomas para acceso a comunidades de personas con capacidad limitada de inglés (LEP) quienes son elegibles para ser atendidas y/o que probablemente serán afectadas directamente por nuestros programas. Dichos servicios se enfocaran en proveer acceso significativo a nuestros programas, servicios y/o beneficios.

DEFINICIONES

Las siguientes definiciones y otras provisiones son aplicables a esta política:

- **Título VI del Acta de Derechos Civiles de 1964, 42 U.S.C. 2000d.et seq. y su regulación de implementación en 45 CFR parte 80** – La ley que protege individuos por discriminación a base de raza, color, originen nacional bajo cualquier programa o actividad que recibe ayuda económica Federal.

- **Capacidad Limitada del Inglés** – (LEP) Los clientes que no pueden hablar, leer, escribir, o entender el inglés a un nivel que les permita interactuar con efectividad con el proveedor de servicios del programa.

- **Documentos Vitales** – Un documento, papel o electrónico, que contiene información que es crítica para obtener acceso a los programas o servicios del proveedor/agencia, o se requiere por ley. Documentos vitales incluyen, pero no están limitados a: solicitudes/matrículas; consentimientos; cartas y notificaciones pertinentes a la aprobación, negación, reducción, o terminación de servicios o beneficios; cartas o notificaciones que requieren la respuesta del cliente; y documentos que informan a los clientes acerca de la asistencia lingüística gratuita.

- **Puerto Seguro** – El umbral que permite a un programa decidir cuando una traducción escrita es requerida para así estar en cumplimiento con el Título VI del Acta de Derechos Civiles de 1964. Los siguientes son los umbrales:

  - Traducciones escritas de documentos vitales de la agencia se proveerán para cada idioma elegible para grupos que constituyan 5% o 1,000 personas, cualquiera que sea menor para poblaciones de personas elegibles para ser atendidas que probablemente serán afectadas directamente por nuestros programas.

  - Para grupos de 50 personas que hablen un mismo idioma, no se tiened que traducir los documentos vitales, pero se les proveerá una notificación en su idioma en la que se les da a conocer su derecho a recibir interpretación oral libre de costo de esos material escritos.

- **Los Grupos Lingüísticos Principales de LEP** – Las poblaciones de personas con capacidad limitada del inglés (LEP) en el estado de Wisconsin las cuales representan 5% o 1,000 personas en el área. **Los grupos lingüísticos principales del Estado son: español y hmong.**

- **Intérpretes Competentes** – Intérpretes competentes serán capaces de proveer lo siguiente: demostrar dominio del inglés y del segundo idioma; demostrar conocimiento en ambos idiomas de términos y conceptos especializados relevantes; y documentación de haber completado entrenamiento en destrezas y ética de interpretación.

- **Interactive Voice Response** – (IVR System) Un sistema automatizado que permite a las personas que llaman obtener y proveer información a través del teléfono, en inglés y otros idiomas.

COORDINADOR PARA CAPACIDAD LIMITADA DE INGLÉS

Un Coordinador para capacidad limitada de inglés (LEPC) será nombrado a nivel de gerencia para supervisar los requisitos y procesos de LEP, tal como se requiere de agencias que reciben ayuda económica Federal. Planificación y servicios de LEP son provistos en coordinación con provisión de igualdad de oportunidad en servicios y empleo.

El Coordinado de LEP (LEPC) a nivel de gerencia de la agencia es:

Nombre	Número De Teléfono ( ) -

La persona responsable si el Coordinador para capacidad limitada de inglés LEPC no está disponible es

Nombre	Número De Teléfono ( ) -

EVALUACIÓN Y PLANIFICACIÓN

La población LEP se evaluará cada año y se identificarán los principales grupos lingüísticos a servir. Luego de la evaluación se desarrollará un plan y relacionados procesos y requisitos para satisfacer las necesidades de la población elegible para ser atendida o que probablemente serán afectadas por nuestros programas y asegurar cumplimiento con la política LEP de la agencia.

CONTROL VIGILANTE

Supervisión continua del plan se conducirá de acuerdo con los procesos de control de la agencia.

NOTIFICACIÓN ESCRITA DE LOS DERECHOS A ACCESO LINGÜÍSTICO

Declaraciones de acceso lingüístico informarán a los clientes LEP sobre sus derechos, como sigue:
- Sus derechos a servicios de intérprete competente y libre de costo.
- Sus derechos a que no se les requiera depender de niños menores de edad, otros familiares, o amigos para que les sirvan de intérpretes.
- Sus derechos a presentar una queja sobre los servicios de acceso lingüístico que se les proveyó.

Los derechos a acceso lingüístico serán distribuidos por escrito en los idiomas principales de los grupos LEP a través de los siguientes métodos:

- Colocando carteles/pósters en entradas y salas de esperas
- Orientaciones a los clientes
- Declaraciones en las notificaciones de apelación
- Declaraciones folletos, promoción en la comunidad, información de reclutamiento y otros materiales que regularmente se distribuyen al público

ANUNCIO DE LA POLÍTICA DE IGUALDAD DE OPORTUNIDAD Y PROCEDIMIENTO DE PRESENTAR QUEJAS POR DISCRIMINACIÓN

Las Normas de Política de Igualdad de Oportunidad y el Procedimiento de Presentar Quejas por Discriminación serán colocados en plena vista en los idiomas principales en cada área de servicio o punto de contacto con el cliente, por ejemplo, área de recepción o salas de espera del cliente.

INTERPRETACIÓN Y TRADUCCIÓN

- **TRADUCCIONES ESCRITAS**

  (A) El beneficiario/entidad cubierta provee materiales traducidos por escrito, inclusive documentos vitales, para cada grupo lingüístico LEP elegible que constituya el 5% o 1.000, cualquiera que sea menos, de la población de personas elegibles a ser atendidas o que sean encontradas por el programa del beneficiario/entidad cubierta;

  (B) La provisión de traducciones escritas de documentos de la agencia, incluyendo documentos vitales, será de acuerdo con el plan anual de la agencia, el que toma en consideración costos y prioridades.

- **INTERPRETACIÓN ORAL**

  Interpretaciones orales serán ofrecidas a los clientes de una manera oportuna y libre de cargos. Los servicios ofrecidos a los clientes LEP serán documentados en los récords apropiados.

- **ADQUISICIÓN DE SERVICIOS DE TRADUCCIÓN E INTÉRPRETES**

  Recursos y procesos para obtener interpretación oral y traducciones escritas se harán disponibles al personal del programa.

  El Wisconsin Department of Workforce Development (Departamento Laboral) ha contratado para obtener los siguientes servicios.

Comunicación Oral
Contract Information for Telephone Conference-Call Foreign-Language Oral Interpretation Services
http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1354

Comunicación escrita
Contract Information for Written Translations; Translation Services for written documents.
http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1476

- **COMPETENCIA DE INTÉRPRETES Y TRADUCTORES**

  Intérpretes y traductores competentes serán utilizados para proveer servicios. Se revisará si intérpretes y traductores tienen el entrenamiento/capacitación sensibilidad cultural apropiada, y se les requerirá cumplir con la política de confidencialidad y Código de Eticas cuando interpretan o traducen.

- **OTROS MÉTODOS DE COMUNICACIÓN**

  Interactive Voice Response Systems, contestadores, páginas del web, carteles/pósters, videos, y medios de comunicación utilizados se harán accesibles a la población LEP de acuerdo al plan de la agencia para la traducción de documentos vitales y otros materiales.

- Sistemas electrónicos y notificaciones generadas por computadoras se harán accesibles a la población LEP de acuerdo al plan de la agencia para la traducción de documentos vitales y otros materiales.

CAPACITACIÓN

Capacitación/entrenamiento, incluyendo re-capacitación, estará disponible a empleados de la agencia que recibe fondos.

PROMOCIÓN EN LA COMUNIDAD

Se conducirán promociones para diseminar información a la comunidad de los grupos principales de LEP que la agencia sirve a través de programas para así asegurar que los clientes LEP tengan igualdad de acceso a servicios.

AUTORIDAD

Orden Ejecutiva 13166
Título VI del Acta de Derechos Civiles

Administrador de la División	Fecha

ATTACHMENT 2

TSAB CAI TSWJ KEV TSIS PAUB LUS ASKIV ZOO

(Limited English Proficiency Policy)

hAIS TXOG TSAB CAI (Policy Statement**)**

Lub chaw ua haujlwm (chaw ua haujlwm npe) _____

Cog lus yuav muab txhuam yam kev pab kom sibtxig sibluag (equal opportunity) thiab ua haujlwm kom tau raws li txoj cai vajhuam sibluag (civil rights laws), nrog rau Title VI los ntawm 1964 Civil Rights Act uas tau tswj kom txhob muaj kev ua tsis ncajncees (non-discrimination) rau ib haivneeg twg (national origin). Kev pab sibtxig sibluag (Equal opportunity) yog xam tag nrho sab nqaij tawv thiab kev mus thov kev pab rau cov neeg uas xiam oo khab thiab mus thov kev pab rau cov neeg uas tsis paub lus Askiv zoo (Limited English Proficiency (LEP). Kev mus thov kev pab rau cov neeg xiam oo khab yog tswj los ntawm (Americans with Disabilities Act xyoo 1990 thiab the Rehabilitation Act xyoo 1973 raws li twb raug pom zoo los lawm, Nqe 504.

Nws yog lub chaw ua haujlwm no ib txoj kevcai uas yuav tsum muab kev pab txhais lus rau cov pejxeem uas tsis paub lus zoo (Limited English Proficiency (LEP) uas lawv muaj feem taus txais kev pabcuam lossis qhia kom lawv mus thov tau peb tej kev pab. Tej kev pab yuav raug saib xyuas kom zoo kom qhia tau lub tseemntsiab rau kev mus thov peb tej kev pab (programs), kev pabcuam (services) thiab /lossis tej kev pab (benefits.)

TXHAIS COV NTSIABLUS (Definitions**)**

Cov lus hauv qab no yog txhais cov ntsiablus ntawm tsab cai tswjfwm (policy) no:

- **Tile VI los ntawm Civil Rights Act of 1964, 42 U.S.C. 2000d.et seq. thiab nws tsab kevcai tswj ntawm 45 CFR tshooj 80** – Yog tsab cai tivthaiv tibneeg los ntawm kev ua tsis ncajncees (discrimination) rau lwm haivneeg txawv (race), nqaij tawv txawv (color), lossis yog neeg txawv tebchaws (national origin) thaum lawv mus thov tsoomfwv tej nyiajtxiag pab.

- **Tsis Paub Lus Askiv Zoo (**Limited English Proficiency (LEP) – Yog cov neeg uas tsis paub lus, nyeem tsis tau ntawv, sau tsis tau ntawv lossis tsis totaub lus Askiv zoo uas yuav coj tau lawv yuav mus thov kev pab los ntawm tej chaw ua haujlwm.

- **Ntaub Ntawv Tseemceeb** (Vital documents) – Yog tsab ntawv, daim ntawv lossis tej ntaub ntawv uas sau tej lus nyuab, ua rau kev mus ntsib cov neeg ua haujlwm/chaw ua haujlwm thiab mus thov kev pab tsis yoojyim, lossis tej ntaub ntawv uas yuav tsum tau ua kom raws kevcai. Tej ntaub ntawv tseemceeb (Vital documents) yog xam tag nrho, tiamsis tsis tag rau: cov ntaub ntawv thov/rau npe (applications/registrations); cov ntaub ntawv tsocai (consent forms); cov ntaub ntawv ceebtoom txog kev pomzoo tau txais kev pab (approval), tsis pomzoo tau txais kev pab (denial), txo kev pab (reduction), lossis txiav kev pab (termination); tej ntaub ntawv uas yuav tsum tau teb rov qab; thiab tej ntaub ntawv uas xa mus qhia rau cov pejxeem tau txais kev pab txog kev pab txhais lus.

- **Safe Harbor** – Qhov teev tseg ua kev txiavtxim tias thaum twg tej kev pab (programs) thiaj tsimnyog muab lawv tej ntaub ntawv txhais sau ua lwm hom lus kom raws li txoj kevcai Title VI los ntawm Civil Rights Act of 1964 tau teem tseg. Hauv qab no yog cov ntsiablus teev tseg pab rau kev txiavtxim txog kev txhais lus txhais ntaub ntawv:

  - Raws li txoj cai teev tseg hauv LEP, thaum cov pejxeem ntawm tej hom neeg uas hais lwm hom lus muaj coob txog 5% lossis 1,000 leej, nyob ntawm seb qhov twg yog qhov tsawg yuav qhov ntawd, yuav tsum tau muab tsoom fwv tej ntaub ntawv tseemceeb (vital documents) txhais sau hais ua cov

pejxeem ntawd hom lus raws li lawv muaj feem tau txais lossis tej kev pab peb muaj uas ntxim li tsimnyog lawv yuav tau.

- Yog tias cov pejxeem ntawm tej hom lus ntawd tsawg dua li 50 leej, tej tsoom fwv tsi tas yuav muab lawv tej ntaub ntawv tseemceeb (vital documents) txhais sau ua hom lus ntawd, tabsis yuav tsum tau sau txhais daim ntawv ceebtoom (notice) los ua cov pejxeem ntawd hom lus li txoj cai hauv LEP mus qhia pub rau hom neeg ntawd paub tias lawv muaj cai tau txais kev pab kom muaj tus txhais lus los txhais nyeem cov ntaub ntawv ntawd ua lawv hom lus pub dawb rua lawv, ua tsi yuav ngi.

- **Feem Coob Ntawm Cov Pejxeem Uas Tsis Paub Lus** (Major LEP Language Groups) – Cov pejxeem uas tsis paub lus (Limited English Proficiency) hauv xeev Wisconsin uas muaj neeg coob txog qhov 5% lossis 1,000 leej rov saud nyob rau ib cheebtsam no. Hauv xeev Wisconsin no, **ob** hom pejxeem uas feem coob tsis paub lus raws li txoj cai LEP (**Statewide Major LEP Language Groups) teev tseg** yog haivneeg Mev (Spanish) thiab Hmoob (Hmong.)

- **Cov Neeg Txawj Txhaislus** (Qualified Interpreters) – Cov neeg uas txawj txhais lus yuav tsum yog cov ua tau li nram qab no: yuav tsum hais/sau tau lus Askiv zoo thiab hais/sau tau hom lus thib ob uas yuav txhais ntawd zoo; yuav tsum paub ob hom lus zoo txog tej ntsiablus tshwjxeeb (specialized terms) lossis paub txog tus txheejtxheem kev txhaislus (concepts); thiab muaj ntaub ntawv povthawj qhia tias nws tau kawm kev cobqhia txhaislus tiav los lawm.

- **Txhais Tej Suab Lus (Interactive Voice Response)** – (IVR System) nws yog ib txoj kev rau cov pejxeem uas hu xovtooj tuaj nug txog tej kev pab tau ua lus Askiv thiab lawm hom lus.

TUS NEEG UA HAUJLWM SAIB KEV TSIS PAUB LUS ASKIV ZOO (Limited English Proficiency Coordinator)

Tus neeg ua haujlwm saib kev tsis paub lus Askiv zoo (Limited English Proficiency Coordinator (LEPC), yog cov thawjcoj ua cov taw npe ib tug los ua txoj haujlwm saib xyuas tej txheejtxheem thiab npaj tej yam tsimnyog los pab rau kev tsis paub lus zoo (LEP), nrog rau tej yam uas cov pejxeem tau txais kev pab thov kom ua. LEP yuav tau npaj thiab muab kev pab sibtxig sibluag kom raws kev ua haujlwm.

Tus Thawjcoj Saib Kev Tsis Paub Lus (Qeb Thawjcoj)	Nabnpawb Xovtooj ( ) -
Tus Lwmthawj Saib Kev Tsis Paub Lus (Qeb Thawjcoj)	Nabnpawb Xovtooj ( ) -

KEV NTSUAM XYUAS THIAB KEV NPAJ

Kev ua haujlwm pab cov pejxeem tsis paub lus (LEP) yuav tsum tau ntsuam xyuas txhua xyoo thiab tshawb xyuas cov pejxeem uas muaj teebmeem tsis paub lus zoo. Tom qab kev ntsuam xyuas, yuav tsum tau npaj tej txheejtxheem thiab tej yam uas tsimnyog yuav tau ua kom muab tau kev pab raws li qhov pejxeem xav tau thiab kom ua tau raws li qhov chaw ua haujlwm txoj kevcai (LEP policy).

KEV TSWJFWM (Monitoring)

Yuav tsum muaj kev tswjfwm (monitoring) xyuas tsis so kom raws li qhov chaw ua haujlwm tej txheejtxheem kev tswjfwm.

TSAB NTAWV CEEBTOOM TXOG KEV MUAJ CAI TAU TXAIS KEV PAB TXHAISLUS (Written Notice Of Language Access Rights)

Yuav tsum tsim kom muaj ib tsab ntawv ceebtoom xa mus rau cov pejxeem tsis paub lus uas tau txais kev pab hais txog lawv kev muaj cai raws li hauv qab no:

- Lawv muaj cai kom nrhiav ib tug neeg txhaislus pab lawv yam tsis raug nqi dab tsi rau lawv.

- Lawv muaj cai tsis pub thiab tsis tso siab rau lawv tej menyuam tsis tau nto noobnyoog, tej txheeb ze, lossis phoojywg uas tus txhaislus rau lawv.
- Lawv muaj cai sau ntawv foob txog kev txaislus uas tau muab pab rau lawv.

Tsab ntawv ceebtoom txog kev muaj cai tau txais kev pab txhaislus yuav tsum muab tseb tawm rau cov pejxeem uas tsis paub lus raws li nram qab no:

- Muab lo rau ntawm chav tsev (lobbies) thiab chav tsev qhua zaum tos
- Tseb tawm rau lub sijhawm muab kev cobqhia rau cov pejxeem (Customer orientations)
- Sau rau hauv tsab ntawv ceebtoom txog kev thov kev sib hais cai (appeal notices)
- Sau rau hauv cov ntaub ntawv (brochures), cov phauv ntawv (booklets), ntaub ntawv tseb tawm rau pejxeem (outreach), ntaub ntawv nrhiav pejxeem (recruitment information thiab lwm yam ntaub ntawv uas yuav muab tseb tawm rau pejxeem huabhwm.

DAIM NTAWV QHIAV TXOG TXOJ CAI VAJHUAM SIB LUAG (EQUAL OPPORTUNITY POLICY) KEV SAU NTAWV FOOB KEV UA TSIS NCAJNCEES (Discrimination Complaint Postings)

Daim ntawv qhiav txog txoj cai Vajhuam Sib Luag (Equal Opportunity Policy) thiab Sau Ntawv Foob Kev Ua Tsis Ncajncees (Discrimination Complaint) hais txog txhua yam kev pab yuav tsum muab txhais ua lwm hom lus uas tsimnyog yuav tsum tau txahis thiab muab lo rau ntawm tej qhov chaw neeg pom lossis tej qhov chaw ntsib pejxeem, thajtsam ntawm tus neeg ua haujlwm tosqhua nyob (reception) lossis chav qhua zaum tos.

KEV TXHAIS LUS THIAB TXHAIS NTAUB NTAWV (Interpretation And Translation)

- **TXHAIS NTAUB NTAWV**

  - Raws li txoj cai teev tseg hauv LEP, thaum cov pejxeem ntawm tej hom neeg uas hais lwm hom lus muaj coob txog 5% lossis 1,000 leej, nyob ntawm seb qhov twg yog qhov tsawg yuav qhov ntawd, yuav tsum tau muab tsoom fwv tej ntaub ntawv tseemceeb (vital documents) txhais sau hais ua cov pejxeem ntawd hom lus raws li lawv muaj feem tau txais lossis tej kev pab peb muaj uas ntxim li tsimnyog lawv yuav tau.

  - Yog tias cov pejxeem ntawm tej hom lus ntawd tsawg dua li 50 leej, tej tsoom fwv tsi tas yuav muab lawv tej ntaub ntawv tseemceeb (vital documents) txhais sau ua hom lus ntawd, tabsis yuav tsum tau sau txhais daim ntawv ceebtoom (notice) los ua cov pejxeem ntawd hom lus li txoj cai hauv LEP mus qhia pub rau hom neeg ntawd paub tias lawv muaj cai tau txais kev pab kom muaj tus txhais lus los txhais nyeem cov ntaub ntawv ntawd ua lawv hom lus pub dawb rua lawv, ua tsi yuav ngi.

  Kev uas tej tsoom fwv yuav muaj peevxwm txhais sau kom tau ntau yam ntaub ntawv, nrog rau tej ntaub ntawv tseemceeb hauv tibsi kom raws li txoj cai yog cov tsoom fwv yuav tsum hniaj xyoo muab tej nujnqi uas yuav siv txhais lus no sau kom tseg rau hauv lawv tej homphiaj nyiaj txiag uas lawv npaj yuav siv.

- **TXHAIS LUS**

  Yuav tsum muab kev pab txhais lus dawb yam tsis raug nqi dab tsi rau cov pejxeem lossis tej yim neeg uas tau txais kev pab. Tej kev pab uas tau muab pab rau cov pejxeem uas tsis paub lus (LEP customers) yuav tau muab sau tseg rau hauv ntaub ntawv cia.

- **NRHIAV NEEG PAB TXHAIS LUS THIAB TXHAIS NTAUB NTAWV**

  Cov cai tswjfwm kev uas yuav nrhiav neeg pab txhais lus thiab txhais tej ntaub ntawv yuav tsum tau npaj kom muaj tseg rau cov neeg uas ua haujlwm hauv tej kev pab cuam tau siv.

Hauv Wisconsin Department of Workforce Development tau npaj cov chaw pab txhais lus txhais ntaub ntawv lawv li hauv qab no kom tau siv. Tej yam tseemceeb uas tsim nyog sawvdawg paub txog cov chaw txhais lus no muaj nyob rau hauv qhov link no tibsi.

Chaw Txhais Lus
Cov chaw uas txaus siab yuav ua txog haujlwm pab txhais lus rau kev sib tsib sib tham hauv xov tooj-Hu rau Foreign-Language Oral Interpretation Services.
http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1354

Chaw Txhais Ntaub Ntawv
Cov chaw uas txaus siab yuav uas txoj haujlwm pab txhais ntaub ntawv; Translation Services for written documents.
http://vendornet.state.wi.us/vendornet/aspbin/bulshownigp.asp?BulletinID=1476

- **COV NEEG TXAWJ TXHAIS LUS THIAB TXAWJ TXHAIS NTAUB NTAWV**

  Yuav tsum siv cov neeg uas txawj txhais lus thiab txawj txhais ntaub ntawv los ua cov haujlwm txhais lus thiab txhais ntaub ntawv. Yuav tsum ntsuam xyuas txog cov neeg txhais lus thiab txhais ntaub ntawv tej kev kawm thiab kev paub txog haivneeg kev cojnoj cojua, thiab yuav tsum tau kom lawv ua raws li qhov chaw ua haujlwm txoj kevcai tswj kev taugxaiv (confidentiality policies) thiab (Code of Ethics) thaum siv lawv txhais lus thiab txhais ntaub ntawv.

- **LWM YAM KEV SIBTHAM**

  Kev sibtham hauv xovtooj cua xws li (Interactive Voice Response Systems, voicemail, web pages, posters, videos, thiab media) yuav tsum npaj kom muaj rau cov pejxeem tsis paub lus (LEP populations) siv tau yoojyim raws li qhov chaw ua haujlwm lub homphiaj uas tau npaj tseg hais txog kev txhais tej ntaub ntawv tseemceeb thiab lwm yam ntaub ntawv.

  Cov ntaub ntawv uas xuas tshuab sau (Electronic systems thiab computer-generated notices) yuav tsum npaj kom muaj rau cov pejxeem uas tsis paub lus (LEP populations) siv tau yoojyim raws li qhov chaw ua haujlwm lub homphiaj uas tau npaj tseg hais txog kev txhais tej ntaub ntawv tseemceeb thiab lwm yam ntaub ntawv.

KEV COBQHIA (Training)

Kev cobqhia (training), nrog rau kev rov cobqhia dua (refresher training), yuav tsum npaj kom muaj rau qhov chaw ua haujlwm cov neeg ua haujlwm thiab cov pejxeem uas tau txais kev pab.

KEV TSHAJTAWM RAU COV PEJXEEM ZEJZOG (Community Outreach)

Yuav tsum muaj kev tshajtawm rau cov pejxeem zejzog uas tsis paub lus (LEP groups) (Community outreach) uas tau txais tej kev pab los ntawm qhov chaw ua haujwlm kom cov pejxeem tsis paub lus (LEP groups) thiaj paub sibtxig sibluag txog kev mus thov tej kev pab.

TXOJ CAI TSWJ (Authority)

Executive Order 13166
Title VI of the Civil Rights Acts

Administrator Suam Npe	Vasthib

ATTACHMENT 3

HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

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

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

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. 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 (___)____-____ or TDD (___)____-____. Send the complete form back to your provider's Equal Opportunity Coordinator. His or her name should be on this form.

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

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

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

	Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: 414-227-4384, TDD-414-227-4081
Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 536707 Voice 608/266-9372, TDD 608/266-2555
You also have the right to file a formal complaint with a federal agency.	
Formal Discrimination Complaint about any of the above services administered by the WI Dept. of Health and Family Services.	U.S. Dept. of Health and Human Services Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Formal Discrimination Complaint about any program.	U.S. Dept of Justice Civil Rights Division 10th and Pennsylvania Ave., NW Washington, D.C. 20530 Telephone: 202-514-0301, TDD 800-800-3302
Formal Discrimination Complaint for Food Stamps.	Administrator, Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302 Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 Voice 312-353-1457 U.S. Equal Employment Opportunity Commission 310 W. Wisconsin Ave., Suite 800, Milwaukee, WI 53203 Telephone: (414) 297-1111, TDD (414) 297-1115 The Office of Federal Contract Compliance U.S. Department of Labor 230 South Dearborn Street Chicago, IL 60603 Telephone: (312) 353-2158, TDD (312) 353-2158

SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Equal Opportunity Coordinator	Phone (Voice) ( ) -	Phone (TDD) ( ) -

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

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

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

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

Description of the Relief or Satisfaction you Want	
Signature of Complainant or Complainant Representative	Date Signed

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

Informal Complaint

Date Received	Received By	Title
Agency		

Actions and Individual(s) to be Investigated

Findings (Must be completed within 30 days)

Action Taken

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

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

ATTACHMENT 3

CÓMO PRESENTAR UNA QUEJA DE DISCRIMINACIÓN EN LOS SERVICIOS

(How to File an Employment or Service Delivery Discrimination Complaint)

Si Ud. piensa que se le ha tratado de forma diferente debido a su raza, color, origen nacional, ascendencia, religión, sexo, edad, discapacidad afiliación política, Ud. debe presentar una queja. Si a Ud. le negaron servicios ilegalmente, o si el trato que recibió fue separado o diferente del trato a las otras personas, o si el programa no era para usted, quizás haya sido discriminación.

IMPORTANTE: Si no le aceptaron su solicitud o le dijeron que no tenía derecho a algún programa PERO Ud. piensa que sí tenía derecho, pídale al proveedor un folleto que explique cómo solicitar una revisión por parte de una oficina local o una audiencia administrativa. Su derecho a esta revisión o audiencia no tiene que estar relacionado con una queja de discriminación.

Ud. puede presentar una queja informal de discriminación a su proveedor de servicios, o puede presentar una queja formal a una oficina estatal o federal. Nadie lo puede amenazar u hostigar por presentar una queja. Nadie puede amenazar u hostigar a sus testigos porque 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 Ud. piensa fue discriminatorio. Sin embargo, Ud. debe presentar la queja tan pronto como sea posible después del suceso. Si Ud. 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 de discriminación a su proveedor, 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 Ud. 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 al reverso de esta página. Incluya una carta diciendo que envía la queja porque la agencia provee fondos para el programa. El personal de esa agencia investigará su queja y le responderá dentro de 90 días.

Presente sus quejas formales de discriminación acerca de estos servicios a la oficina correspondiente de la siguiente lista.

PROGRAMA	OFICINA
Wisconsin Works (W-2), Manutención de menores (Child Support), Ayuda en situaciones de emergencia (Emergency Assitance), Cupones alimentarios (Food Stamps) y Empleo y capacitación para participantes del programa de cupones alimentarios (Food Stamp Employment and Training), Learnfare, Cuidado para niños (Day Care), Trabajos de servicio comunitario (Community Service Jobs), Transición de (W-2) (W-2 Transitions), Préstamos para acceso a empleo (Job Access Loans), Requisitos para tener derecho a recibir asistencia médica (Medical Assistance Eligibility), Servicios para refugiados (Refugee Services).	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7972 Madison, WI 53707-7972 V/TDD 608-266-6889

Quejas de trabajos no subsidiados y de prueba. (unsubsidized and trial jobs complaints. Any employment condition as an employee of dwd funding.)	Equal Rights Office P.O. Box 8928 Madison, WI 53708 Telephone: 608-266-6860 TDD-Hearing Impaired 608-264-8752
	Equal Rights Office 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone 414-227-4384, TDD-414-227-4081
Proveedores de servicios de asistencia médica. (Medical Assistance Service, Women Infants and Children, Food Stamps, BadgerCare, Senior Care, Child Placement Services, Medicaid, Community Aid, and other programs administered by the WI Dept. of Health and Family Services.)	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 536707 Voice 608-266-9372, TDD 608-266-2555
Ud. también tiene el derecho de presentar una queja formal a una oficina federal.	
Queja formal acerca de cualquiera de los servicios arriba mencionados, excepto cupones alimentarios (food stamps).	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
Queja formal acerca de cualquier programa.	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
Queja formal de cupones alimentarios (Food Stamps).	Administrator, Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302 Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 Voice 312-353-1457 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

FORMULARIO PARA QUEJAS DE DISCRIMINACIÓN EN LOS SERVICIOS

NOTA: Puede comunicarse con el Coordinador de Igualdad de Oportunidades.

Coordinador de Igualdad de Oportunidades	Número De Teléfono ( ) -	Número De Teléfono (TDD) ( ) -

Nombre Del Reclamante	Número De Teléfono ( ) -
Dirección Ciudad, Estado, Código Postal	

Base De La Queja De Discriminación:
(Por ejemplo: edad, raza, religión, color, discapacidad, sexo, origen nacional, afiliación política, ascendencia.)

Nombre De La Oficina Y/O Del Empleado Contra Quien Desea Quejarse

Descripción del suceso o trato que Ud. piensa fue discriminatorio. Incluya información acerca de quién, qué, cuándo, dónde, cómo, por qué, y los nombres, direcciones, y números de teléfono de los testigos, si los tiene. Por favor, proporcione la fecha exacta del último incidente. Si necesita más espacio, puede escribir en otra hoja de papel. Si necesita más hojas, indique en este espacio cuántas páginas anexó.

Descripción De La Solución O Indemnización Que Ud. Desea:

Firma (Demandante O Su Representante)	Fecha

INFORMAL COMPLAINT

La información debajo de la doble línea en la próxima página la completará la persona de la oficina que reciba su queja, la investigue y le responda a ud.

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?

CÓMO PRESENTAR UNA QUEJA DE DISCRIMINACIÓN LABORAL

Si Ud. piensa que se le ha tratado de forma diferente debido a su raza, color, origen nacional, religión, sexo, edad o discapacidad, afiliación política, estado civil, preferencia sexual, ascendencia, antecedentes de arresto o condena, uso de productos legales o participacón militar, Ud. puede presentar una queja.

Ud. puede presentar una queja informal de discriminación a su empleador o puede presentar una queja formal a una oficina estatal o federal. Nadie lo puede amenazar u hostigar por presentar una queja. Nadie puede amenazar u hostigar a sus testigos porque estén dispuestos a decir lo que vieron, escucharon o experimentaron.

Todas las quejas formales deben presentarse en un plazo de 180 ó 300 días del suceso o trato que Ud. piensa fue discriminatorio. Sin embargo, Ud. debe presentar la queja tan pronto como sea posible después del suceso. Si Ud. presenta una queja informal y no está satisfecho con el resultado, todavía puede presentar una queja formal siempre y cuando lo haga dentro del plazo estipulado. No espere hasta después de la fecha límite para presentar la queja para recibir una respuesta a su queja informal si tiene planeado presentar una queja formal.

Para presentar una queja informal de discriminación con su 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 empleador. Encontrará el nombre del Coordinador en este formulario.

Si Ud. desea presentar una queja formal de discriminación, puede enviar el formulario de queja directamente a una de las oficinas estatales o federales que aparecen al reverso de esta página. Incluya una carta explicando que está presentando una queja formal a esa oficina como la fuente de fondos. El personal de la oficina estatal o federal examinará su queja y le responderá en un plazo de 30 días.

La protección contra la discriminación que ofrecen las leyes estatales y federales varía. Algunas oficinas se dedican a investigar casos de discriminación laboral específicos y no otros, y cada una tiene su propio plazo límite para aceptar quejas. Por favor, consulte la información proporcionada a continuación para determinar qué oficina lo puede ayudar, y cuál es el plazo límite para aceptar quejas. Las quejas se deben presentar tan pronto como sea posible después del suceso.

La Divisón de Igualdad de Derecho, Departamento de Desarrollo Laboral de Wisconisn (Equal Rights Division, Wisconsin Department of Workforce Development), P.O. Box 8928, Madison, WI 53708 – Teléfono: (608) 266-6860, o TDD (800) 947-3529 aceptará quejas formales basadas en raza, color, edad (más de 40 años sin máximo), sexo, discapacidad, origen nacional o ascendencia y creencias o convicciones religiosas. Esta es la <u>única</u> oficina que acepta quejas relacionadas con trato diferente basado en orientación sexual, antecedentes de arresto o condena, estado civil, afiliación política, servicio militar o uso de productos legales. Presente su queja en un plazo de 300 días desde el último suceso.

La Comisión para la Igualdad de Oportunidades de Empleo de los Estados Unidos (U.S. Equal Employment Opportunity Commission), 310 West Wisconsin Avenue, Suite 800, Milwaukee, WI 63203, Teléfono: (414) 297-1111 o TDD (414) 297-1115, aceptará quejas de discriminación en contra de proveedores que reciben fondos del DHHS, basadas en raza, color, origen nacional, edad, religión o discapacidad. Presente su queja en un plazo de 180 días desde el último suceso.

La Oficina de Cumplimiento de Contratos Federales, Departamento del Trabajo de los E.E.U.U. (Office of Federal Contract Compliance, U.S. Department of Labor), 230 South Dearborn Street, Chicago, IL 60603, Teléfono: (312) 353-2158 o TDD (312) 353-2158 aceptará quejas contra contratistas y subcontratistas federales basadas en raza, color, religión, sexo u origen nacional. Presente su queja en un plazo de 180 días desde el último suceso.

El Departamento de Justicia de los E.U.A., División de Derechos Civiles (U.S. Department of Justice, Civil Rights Division), 10th and Pennsylvania Avenue NW, Washington, D.C. 20530, tiene un teléfono de accesso público para ADA (Ley de Estadounidenses con Discapacidades) con información grabada que incluye números de teléfono adicionales para empleos, servicios, transporte, acomodo público y facilidades comerciales, y transmisión de telecomunicaciones. Las horas de acceso al público de la ADA son 12:00-4:00 P.M., hora central solamente: (202) 614-0301 o TDD (800) 800-3302.

Spanish Discrimination Complaint Forms
DWSD-13005-E-S (R. 11/200)

ATTACHMENT 3

KEV QHIA UA DAIM NTAWV FOOB HAUJLWM LOSSIS TAU TXAIS KEV PAB TSIS NCAJNCEES

(How to File an Employment or Service Delivery Discrimination Complaint)

Yog koj xav hais tias luag ua tsis ncajncees rau koj lawm vim koj lub noobnyoog, yog lwm yam neeg txawv (race), dabqhuas txawv (religion), nqaijtawv txawv (color), yog pojniam/txivneej (sex), yog neeg txawv tebchaws (national origin), lossis pojyawm txwvtxoob yog neeg txawv tebchaws (ancestry), yog neeg xiam oo khab lossis muaj feemcuam nrog ib tug neeg xiam oo khab, raug txhom lossis muaj plaubntug, kev dajdeev txawv (sexual orientation), muaj/tsis muaj pojniam/txiv (marital status) lossis cev xeebtub, ntseeg lossis koom nrog ib phav kasmuas twg (political belief or affiliation), yog neeg ua tubrog, txwv tsis pub siv tej khoom uas tso cai tau nyob rau ntawm qhov chaw ua haujlwm lossis tej chaw thov kev pab lub sijhawm ua haujlwm, koj muaj cai sau ntawv foob. Yog koj tsis tau txais kev pab raws kev raws cai lawm tiag, lossis koj kev pab raug muab faib tsis thooj li lwm tus lossis txawv dua li lwm tus, lossis tej kev pab tsis yoojyim rau koj mus thov, tejzaum yog koj raug pab tsis ncajncees lawm tiag.

TSEEMCEEB: Yog luag tsis kam txais koj daim ntawv thov kev pab lossis luag hais rau koj tias koj tsis muaj feem tau txais ib yam kev pab twg TIAMSIS koj ho xav hais tias koj yeej muaj feem tau txais xwb, nug qhov chaw ua haujlwm ntawd kom lawv muab daim ntawv qhia txog kev thov nrog luag sib hais cai seb yuav ua li cas lossis thov kom tseemfwv xeev nrog xyuas tej ntaub ntawv (State administrative hearing review). Koj txoj cai thov kom luag muab koj tej ntaub ntawv rov ntsuamxyuas dua lossis nrog luag sib hais cai tsis muaj feemcuam dab tsi nrog kev ua ntawv foob txog kev ua tsis ncajncees.

Koj yuav ua ntaub ntawv foob xa mus rau koj qhov chaw ua haujlwm lossis qhov chaw thov kev pab txog kev uas tsis ncajncees, lossis koj ua ntawv foob txog kev ua tsis ncajncees xa mus rau tseemfwv xeev lossis tseemfwv qib siab los yeej tau(state or federal agency) . Tibneeg tsis muaj cai yuav hem lossis tawmtsam koj txog qhov koj sau ntawv foob no. Tibneeg tsis muaj cai yuav hem lossis tawmtsam koj cov neeg povthawj vim lawv txaus siab ua povthawj rau tej yam uas koj pom, hnov, lossis raug los lawm.

Txhua yam ntaub ntawv foob (formal complaints) yuav tsum ua tsis pub dhau 180 hnub tomqab qhov teebmeem uas koj xav hais tias koj raug pab tsis ncajncees lawm. Tab txawm li ntawd los, koj yuav tau ua cov ntaub ntawv foob sai li sai tau tomqab qhov teebmeem tshwsmsim. Yog koj ua ntaub ntawvv foob (informal complaint), es koj ho tsis txaus siab rau qhov uas lawv txiavtxim rau koj, koj tseem muaj cai ua ntaub ntawv foob (formal complaint) ntxiv tsuav yog koj ua rau lub sijhawm tsis tau tag caijnyoog xwb. Yog koj yuav ua ntaub ntawv foob (formal complaint), tsis txhob tos kom txog thaum twb dhau caijnyoog lawm lossis tau txais daim ntawv teb koj daim ntawv foob (informal complaint) lawm tso.

Yog koj yuav ua daim ntawv foob txog kev ua tsis ncajncees (informal discrimination complaint) los ntawm qhov chaw thov kev pab lossis koj qhov chaw ua haujlwm, koj hu rau tus neeg ua haujlwm Equal Opportunity Coordinator ntawm (___)____-____ lossis TDD (___)____-____ kom nws xa daim ntawv (form) tuaj rau koj. Muab daim ntawv foob uas koj twb ua tiav lawm xa rov qab rau tus neeg ua haujlwm Equal Opportunity Coordinator. Nws tus xovtooj nyob rau ntawm daim ntawv (form).

Yog koj xav ua ntawv foob txog kev ua tsis ncajncees (formal discrimination complaint), koj muab daim ntawv foob uas twb ua tiav lawm xa ncajnraim mus rau tseemfwv xeev lossis tseemfwv qibsiab qhov chaw ua haujlwm (state or federal agency) nyob rau nplooj ntawv tom qab no. Nrog rau tsab ntawv sau hais tias koj ua ntawv foob (formal complaint) xa mus rau lawv qhov chaw ua haujlwm uas yog qhov muab nyiajtxiag tuaj pab pejxeem. Cov neeg ua haujlwm nyob rau hauv xeev lossis tseemfwv qibsiab (state or federal agency) mam ua ntawv tuaj qhia koj thajtsam li 90 hnub tomqab.

Ua ntawv foob txog kev ua tsis ncajncees (Formal Discrimination complaints) hais txog tej kev pab xa mus rau cov chaw ua haujlwm hauv qab no.

KEV PAB	CHAW UA HAUJLWM
Wisconsin Works (W-2), Nyiaj yug menyuam (Child Support), Emergency Assistance, Nyiaj muasnoj thiab Nyiaj muasnoj haujlwm (Food Stamp Employment) thiab Kawm haujlwm (Training), Kawm ntawv (Learnfare), Zov menyuam, Ua haujlwm rau hauv nruab zejzog (Community Service Jobs), (W-2) transitions, Nyiaj txais ua haujlwm (Job Access Loans), Ntawv khomob (Medical Assistance Eligibility), Kev pab rau cov neeg thojnam tawgrog (Refugee Services.)	Wisconsin Dept. of Workforce Development Division of Workforce Solutions ATTN: Equal Opportunity Officer P.O. Box 7935 Madison, WI 53707-7935 V/TDD: 608-266-6889
Ua ntawv foob txog kev tsis tau txais kev pab thiab kev mus sim ua haujlwm (Unsubsidized and Trial Jobs Complaints.)	Equal Rights Office 201 E Washington Ave, Room 407 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-Hearing Impaired: 414-227-4081
Cov chaw khomob rau Medical Assistance Service thiab lwm qhov chaw ua haujlwm DHFS programs.	Wisconsin Dept. of Health and Family Services Division of Management and Technology Office of Civil Rights Compliance 1 W. Wilson, Room 561 PO Box 7850 Madison, WI 53707 Voice: 608-266-9372 TDD: 608-266-2555
Koj tseem muaj cai ua ntawv foob (formal complaint) xa mus rau tseemfwv qibsiab (federal agency) thiab.	
Ua ntawv foob txog kev ua tsis ncajncees (Formal Discrimination Complaint) txog tej yam kev pab xws li hais los saumtoj no, tsis xam nyiaj muasnoj (except food stamps.)	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
Ua ntawv foob txog tej kev pab tsis ncajncees (Formal Discrimination Complaint) tsis hais yam twg.	U.S. Dept. of Justice Civil Rights Division 10th and Pennsylvania Ave. NW Washington, DC 20530 Telephone: 202-514-0301 or TDD: 800-800-3302

Ua ntawv foob txog kev ua tsis ncajncees (Formal Discrimination complaint) rau nyiaj muasnoj.	Administrator, Food and Nutrition Service 3101 Park Center Drive Alexandria, VA 22302 Food and Consumer Services Civil Rights Program U.S. Department of Agricutlure 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 Voice: 312-353-1457
	U.S. Equal Employment Opportunity Commission 310 West Wisconsin Avenue, 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

DAIM NTAWV FOOB TXOG KEV TSIS TAU TXAIS KEV PAB LOSSIS HAUJLWM NCAJNCEES (DISCRIMINATION COMPLAINT)

Yog koj xav tau kev pab ua daim ntawv no hu rau:

Tus neeg ua haujlwm Equal Opportunity Coordinator	Xovtooj (Hais lus) ( ) -	Xovtooj (TDD) ( ) -

Tus Neeg Ua Ntawv Foob Npe	Nabnpawb Xovtooj ( ) -
Chawnyob (nabnpawb, kev, nroog, xeev, zip code)	

Qee Yam Kev Ua Tsis Ncajncees Rau Kev Pab thiab Haujlwm (yog xws li: noobnyoog, yog lwm hom neeg txawv (race), dabqhuas txawv (religion), nqaijtawv txawv (color), yog pojniam/txivneej (sex), yog neeg txawv tebchaws (national origin), lossis pojyawm txwvtxoob yog neeg txawv tebchaws (ancestry), yog neeg xiam oo khab lossis muaj feemcuam nrog ib tug neeg xiam oo khab, raug txhom lossis muaj plaubntug, kev dajdeev txawv (sexual orientation), muaj/tsis muaj pojniam/txiv (marital status) lossis cev xeebtub, ntseeg lossis koom nrog ib phav kasmuas twg (political belief or affiliation), yog neeg ua tubrog, txwv tsis pub siv tej khoom uas tso cai siv tau nyob rau ntawm qhov chaw ua haujlwm lossis chaw thov kev pab lub sijhawm ua haujlwm.

Npe Qhov Chaw Ua Haujlwm (Agency) lossis Tus Neeg Ua Haujlwm (Employee) lossis Qhov Chaw Ua Haujlwm (Employer) Uas Ua Ntawv Foob

Piav seb qhov teebmeem lossis qhov uas koj xav hais tias lawv ua tsis ncajncees rau koj yog dab tsi. Sau tag nrho seb yog leejtwg, dab tsis, thaum twg, qhov twg, ua li cas, vim li cas, nrog rau cov povthawj npe, chawnyob thiab xovtooj, yog koj paub. Thov qhia lub vasthib thaum cov teebmeem tshwmsim kom meej. Muab dua ib daim ntawv los sau ntxiv yog hais tias chaw tsis txaus sau. Thov sau rau cov kab hauv qab no seb koj txuas pestsawg daim ntawv ntxiv.

Nplooj ntawv txuas ntxiv tom ntej no txij kab dub dub rov hauv yog cia rau tus neeg ua haujlwm uas txais koj daim ntawv foob mam xyuas thiab teb rov qab tuaj rau koj.

Qhia seb koj yuav kom ua li cas thiaj zoo koj siab: _____

Tus neeg ua ntawv foob lossis tus neeg sawvcev tus neeg ua ntawv foob suamnpe	Vasthib

NTAWV FOOB (INFORMAL COMPLAINT)

Date Received	Received By	Title
Agency		

Actions and Individual(s) to be Investigated

Findings (Must be completed within 30 days)

Action Taken

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

Hmong Discrimination Complaint Forms
DWSD-13005-E-H (R. 11/2003)

ATTACHMENT 4

DEPARTMENTS OF WORKFORCE DEVELOPMENT AND DEPARTMENT OF HEALTH AND FAMILY SERVICES LETTER OF ASSURANCE for CIVIL RIGHTS COMPLIANCE

As a condition of funding under this contract, (Recipient) _____ provides the following assurances:

A. **Service Delivery:** Services will be provided without discrimination in compliance with Title VI of the Civil Rights Act of 1964, Section 503 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Health Service Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981, Titles II, III and IV of the Americans with Disabilities Act (ADA) of 1990, and if applicable, the Food Stamps Act

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, disability, association with a person with a disability, gender, and national origin. If applicable, no qualified person will be denied Food Stamp participation based on all of the above, as well as for religious belief and political affiliation.

The Recipient will:

1. Upon request, provide a nationally certified or Wisconsin Interpreting and Transliterating Assessment (WITA)-verified sign language interpreter to assist deaf and hard of hearing applicants. Other options for effective communication (e.g., using FM radio stations, TTY, or other appropriate technology) to deaf and hard of hearing clients who do not use American Sign Language (ASL) must be provided;

2. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) or the purpose of participating meaningfully with the organization's programs and services;

3. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge;

4. Provide translation of vital documents for each eligible LEP group that constitutes at least 5% or 1,000 individuals, whichever is less, for the population eligible to be served or likely to be encountered in the recipient's service area. Vital documents are paper or electronic documents that contain information that is critical for accessing the provider/agency services and/or benefits, or is required by law. They include, but are not limited to, applications/registrations, consent forms, letters containing information regarding eligibility or participation criteria, and notices pertaining to the approval, reduction, denial or termination of services or benefits, that require a response from beneficiaries, and/or that advise of free language access.

5. Contact DHFS Affirmative Action and Civil Rights Office for technical assistance when an LEP participant requests a translation of a written document not previously translated. (**cruze@dhfs.state.wi.us**)

6. Establish an appeal or complaint process that shall be posted in conspicuous places available to applicants/clients of services.

B. **Employment Conditions:** Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, ADA Title I, Rehabilitation Act s. 504, Age Discrimination in Employment Act, of 1976, Ch. 111.31 to 11.395 (Wis. Fair Employment Act) and other laws governing discrimination in employment.

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, gender, disability, arrest and conviction record, sexual orientation, marital status, and membership in the military reserve. The laws also prohibit unfair honesty and genetic testing, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The Recipient will:

1. Fairly and consistently administer policies and procedures that relate to federal and state laws for equal employment opportunity.

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.

3. Train staff on the Civil Rights Compliance Standards and increase the staff's linguistic and cultural competence as it relates to working with LEP participants or consumers.

4. Provide accessible programs, facilities and reasonable accommodations for employees with disabilities in compliance with Title I of ADA.

5. Establish an appeal or complaint process that shall be posted in conspicuous places available to union and non-union employees and applicants for employment.

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

Name	Title
Phone ( ) -	Email

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

Name	Title
Phone ( ) -	Email

The (Recipient) _____ 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, applicants for services, subcontractors, and referral agencies.

The (Recipient) _____ agrees to cooperate with the Department in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

This Letter of Assurance covers the funding period from _____ to _____.

Signature of Executive Director or CEO	Date Signed

Please submit Attachment 4 with the completed **Cover Page of the CRC Plan** to:

DHFS	**DWD**
David Duran Civil Rights Compliance Officer DHFS AA/CRC Office One West Wilson Street, Room 561 P.O. Box 7850 Madison, WI 53707-7850 608-266-9372 Voice 608-267-2147 Fax 608-266-2555 TTY	Civil Rights Unit Division of Workforce Solutions Bureau of Division-Wide Services, Human Resources Section 201 E. Washington Ave P.O. Box 7972 Madison, WI 53707 William Franks 608-266-6889 Earnestine Moss 608-266-5335 Elayne Moore 608-264-9820

DWSD-13004-E (R. 11/2003)