Procedures for Responding to Discrimination Complaints from Clients, Customers, Program Participants, or Consumers of The CARE Center.

# PURPOSE

The purpose of this policy is to establish written procedures for The CARE Center (CARE) employees to follow when they receive a complaint alleging discrimination or retaliation in the delivery of services from clients, customers, program participants, or consumers of the CARE program implementing grant funding from the U.S. Department of Justice (“DOJ”).

# POLICY

In using and administering federal grant funds, CARE may not discriminate against any person on the basis of the person’s race, color, national origin, sex, religion, disability or age, or retaliate against any person for having engaged in protected activity.

By virtue of receiving federal grant funding, CARE, including its employees, contractors and subrecipients must comply with the following federal civil rights laws and regulations:

* + **Title VI of the Civil Rights Act (Title VI) of 1964**, as amended, 42 U.S.C. § 2000d, and the DOJ implementing regulation, 28 C.F.R. pt. 42, subpts. C & D (prohibiting discrimination in federally assisted programs based on race, color, and national origin in the delivery of services or benefits);
	+ **Section 504 of the Rehabilitation Act (Section 504) of 1973**, as amended, 29

U.S.C. § 794, and the DOJ implementing regulation, 28 C.F.R. pt. 42, subpt. G (prohibiting discrimination in federally assisted programs based on disability both in employment and in the delivery of services or benefits);

* + **Title IX of the Education Amendments (Title IX) of 1972**, as amended, 20

U.S.C. § 1681, and the DOJ implementing regulations, 28 C.F.R. pt. 42, subpt. D & pt. 54 (prohibiting discrimination in federally assisted education programs based on sex both in employment and in the delivery of services or benefits);

* + **Age Discrimination Act (Age Act) of 1975**, as amended, 42 U.S.C. § 6102, and the DOJ implementing regulation, 28 C.F.R. pt. 42, subpt. I (prohibiting discrimination in federally assisted programs based on age in the delivery of services or benefits); and
	+ **Executive Order 13,559**, amending Executive Order 13,279, and the DOJ implementing regulation, Partnerships with Faith-Based and Other Neighborhood Organizations, 81 Fed. Reg. 19,418-21 (Apr. 4, 2016) (to be codified at 28 C.F.R. pt. 38) (Part 38) (prohibiting discrimination in federally assisted social service programs based on religion in the delivery of services or benefits);
	+ **Title II of the Americans with Disabilities Act of 1990**, as amended, 42 U.S.C.

§ 12132, and the implementing regulation at 28 C.F.R. § 35.171(a)(1)(i), (3)(i) (prohibiting discrimination based on disability both in employment and in the delivery of services or benefits).

* + **Omnibus Crime Control and Safe Streets Act (Safe Streets Act) of 1968**, as amended, 34 U.S.C. §§ 10228(c) and 10221(a), and the DOJ implementing regulations, 28 C.F.R. pt. 42, subpts. D (prohibiting discrimination in programs funded under the statute, both in employment and in the delivery of services or benefits, based on race, color, national origin, sex, and religion) & E (requiring certain DOJ-funded programs subject to the administrative provisions of the statute to prepare, maintain, and submit an Equal Employment Opportunity Plan (EEOP));
	+ **Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974**, as amended, 34 U.S.C. § 11182(b), and the DOJ implementing regulations, 28

C.F.R. §§ 31.202, .403 & pt.42, subpt. D (prohibiting discrimination in programs funded under the statute, both in employment and in the delivery of services or benefits, based on race, color, national origin, sex, and religion);

* + **Victims of Crime Act (VOCA) of 1984, as amended**, 34 U.S.C. § 20110(e) and the regulation implementing the Victim of Crime Act Victim Assistance Program, 81 Fed. Reg. 44,515, 44,532 (July 8, 2016) (to be codified at 28 C.F.R. § 94.114) (prohibiting discrimination in programs funded under the statute, both in employment and in the delivery of services or benefits, based on race, color, national origin, sex, religion, and disability); and
	+ **Violence Against Women Act (VAWA) of 1994**, as amended, 34 U.S.C. § 12291(b)(13) (prohibiting discrimination in programs either funded under the statute or administered by the Office on Violence Against Women, both in employment and in the delivery of services or benefits, based on actual or perceived race, color, national origin, sex, religion, disability, sexual orientation, and gender identity) (referring to the Safe Streets Act for enforcement)

# DEFINITIONS

For the purposes of this policy, the terms included in this section are defined as follows, unless otherwise indicated in the policy.

1. Complainant. “Complainant” means a person who initiates a complaint alleging discrimination or retaliation.
2. “Retaliation” refers to adverse actions towards an individual engaged in a protected activity, such as opposing a discriminatory practice or participating in a discrimination complaint process.
3. Subrecipient. “Subrecipient” means an agency that receives federal grant funding through the CARE as the State of Oklahoma SSA.

# COMPLAINT PROCEDURES

1. **Filing a Complaint**

A person who thinks he or she has been discriminated against by an employee or contractor of the department or a subrecipient on the basis of race, color, national origin, sex, age, religion, physical or mental disability, sexual orientation or gender identity, or thinks he or she has been retaliated against for having engaged in protected activity, is encouraged to file a complaint alleging such with the office of the VICE PRESIDENT OF OPERATIONS of CARE.

# When to Report

A person who thinks he or she has been subject to discriminatory or retaliatory conduct should file a complaint alleging such as soon as possible after the first date an alleged act of discrimination or retaliation occurred and no later than one hundred eighty (180) calendar days after the last date an alleged act of discrimination or retaliation has occurred. A person complaining of discrimination under the Omnibus Crime Control and Safe Streets Act or the Violence Against Women Act must file a complaint within one year from the last act of alleged discrimination or retaliation.

# How to Report

Complaints alleging discrimination or retaliation must be submitted to the office of the VICE PRESIDENT OF OPERATIONS in writing, using the *CARE Discrimination Complaint* form, which is attached as Appendix A; exceptions to this requirement, however, may be made on a case-by-case basis by the VICE PRESIDENT OF OPERATIONS. In making a complaint, a complainant must disclose the identity of the person or persons alleged to have engaged in discriminatory or retaliatory conduct, and the location, date and description of each act of alleged discrimination or retaliation.

The form may be found on the CARE website:

www.carecenter-okc.org and mailed, faxed or emailed to:

Traci Marshall

Vice President of Operations

The CARE Center

1403 N Ashton Place

Oklahoma City, OK 73117

Phone: 405-236-2100

Email: Traci@carecenter-okc.org

# Response

* 1. An employee or contractor of the CARE other than the VICE PRESIDENT OF OPERATIONS who receives a complaint (in person, over the telephone, or via an e-mail, a letter, or the *CARE Employment Discrimination Complaint Form*) that an employee, contractor or a subrecipient of the CARE has allegedly engaged in discriminatory or retaliatory conduct shall, as soon as practicable, notify the VICE PRESIDENT OF OPERATIONS, who shall ascertain the details of the complaint for evaluation and assignment.
	2. Upon receipt of a complaint, the VICE PRESIDENT OF OPERATIONS shall determine whether the complaint should be investigated, and, if so, by whom.
	3. The VICE PRESIDENT OF OPERATIONS shall promptly provide the complainant with a written notice acknowledging receipt of the complaint.
	4. The VICE PRESIDENT OF OPERATIONS shall inform a complainant that it may be impossible to keep the complainant’s identity confidential.
	5. Investigations of complaints are to be completed within a reasonable time.
	6. In the event a written report of an investigation is warranted, all information relevant to the complaint that is obtained by an investigator shall be included in the report.
	7. All investigations shall comply with relevant state and federal laws.

# EXTERNAL AGENCIES

The CARE encourages individuals to file complaints of the kind discussed in this policy with the office of the VICE PRESIDENT OF OPERATIONS; however, this policy is not intended to impair or limit the rights of anyone to seek a remedy availably under state or federal law. The procedures discussed in this policy need not be utilized first or in any sequence, nor does such procedure need to be exhausted before another is issued.

If a complaint is against the CARE or a subrecipient implementing funding from the DOJ and alleges discrimination on the basis of race, color, national origin, sex, religion, physical or mental disability, age, sexual orientation or gender identity, or alleges retaliation against a person for having engaged in protected activity, an individual may also submit a complaint to the United States Department of Justice, Office of Justice Programs, Office for Civil Rights, 810 Seventh Street NW, Washington, DC 20531, Phone.: 202-307-0690,[www.ojp.usdoj.gov/about/offices/ocr.htm](http://www.ojp.usdoj.gov/about/offices/ocr.htm). Complaints must be filed within 180 days or one year from the date of the alleged discrimination, depending on the federal civil rights law that is involved.

Individuals may also submit a complaint to the Oklahoma Office of the Attorney General, Office of Civil Rights Enforcement (OCRE), 313 N.E. 21st Street, Oklahoma City, OK 73105, Phone: 405-521-3441, [www.oag.state.ok.us/oagweb.nsf/ocre.](http://www.oag.state.ok.us/oagweb.nsf/ocre) Complaints related to public accommodation discrimination must be filed with OCRE within 180 days from the last alleged discriminatory act. Complaints related to housing discrimination must be filed within one (1) year from the last alleged discriminatory act.

# TRAINING

The CARE shall provide annual training on the procedures set forth in this policy to CARE and subrecipient employees. This training shall include instruction about the responsibility of employees to refer discrimination complaints to the office of the VICE PRESIDENT OF OPERATIONS at the CARE. Information regarding training documents may be found on the CARE website: [https://www.ok.gov/CARE/Grants/Subgrantee\_Toolbox/index.html](https://www.ok.gov/dac/Grants/Subgrantee_Toolbox/index.html)

# CONTRACTS

The CARE will not enter into contracts nor continue existing contracts with any organization that knowingly discriminates against any person on the basis of race, color, national origin, sex, religion, physical or mental disability, age, sexual orientation, gender identity, or that retaliates against any person for having engaged in protected activity.

# DISTRIBUTION

A copy of this policy shall be made available to all CARE and subrecipient employees and contractors. A copy of the policy also will be included with orientation materials that are provided to new employees of the CARE, and will be posted on the CARE’s main website: [https://www.ok.gov/CARE/](https://www.ok.gov/dac/Grants/Subgrantee_Toolbox/index.html)

# Oklahoma District Attorneys Council Discrimination Complaint Information Form

1. **Complaint Information:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| City |  |
| State |  |
| Zip |  |
| Home Phone Number |  |
| Work Phone Number |  |
| Email |  |

# Name and Contact of Person(s) Discriminated Against (if different than above)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |
|  |  |
| Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |

1. **Respondent Information:**

Provide Name and address of agency involved:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |
| Telephone Number |  |

1. What is the most convenient time and place to contact you about this complaint?
2. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence:

Date of most recent occurrence:

1. Have you ever attempted to resolve this complaint?  Yes  No
2. Explain as briefly and clearly as possible what happened and how you were discriminated against. Provide as many specific details as possible. Also attach any written material pertaining to your case. (Attach additional sheets if needed.)
3. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)
	* Race: Specify
	* Color: Specify
	* Religion: Specify
	* National Origin: Specify
	* Sex: Specify  Male  Female
	* Sexual Orientation
	* Gender Identity
	* Age: Specify Date of Birth:
	* Disability: Specify
	* Political Affiliation: Specify
	* Citizenship: Specify
	* Reprisal/Retaliation: Specify
	* Other: Specify
4. What other information do you think is relevant to this situation?
5. If this complaint is resolved to your satisfaction, what remedies do you seek?
6. Please list below any persons (witnesses, fellow employees, supervisors, or others) that may be contacted for additional information to support or clarify your complaint:

Name Address Email/Telephone #

1. Do you have an attorney?  Yes  No If yes, please provide name, address and phone:

Attorney Name Address Email/Telephone #

1. Have you filed a case or complaint with any of the following?
	* Civil Rights Division, U.S. Dept. of Justice
	* U.S. Equal Employment Opportunity Commission
	* Federal or State Court
	* Oklahoma Human / Rights Commission
2. For each item checked in #12 above, please provide the following information: Agency:

Data Filed:

Case or Docket Number: Date of Trial or Hearing: Location of agency or court: Name of Investigator:

Status of Case: Comments:

1. Sign (Complaint NOT VALID unless Signed)

Name Date

Please submit the form by fax, mail, or email to:

Traci Marshall

Vice President of Operations

The CARE Center

Phone: 405-236-2100

Email: Traci@carecenter-okc.org