Participant Complaint/Grievance Procedure

West CAP welcomes inquiries from program participants and tenants to learn about services provided including: explaining funding guidelines, rules, and eligibility procedures. We strictly adhere to client confidentiality and will not release any client/family information unless proper authorization is obtained from the client.

West CAP is an Equal Opportunity organization. No otherwise qualified applicant for service or program participation shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin or ancestry, age, sex, sexual orientation, gender identity, religion, political beliefs or disability. If you feel you have been disqualified based on the above, please complete the attached West CAP Service Delivery Discrimination Complaint form.

If you have been denied services, services have been deferred, or have a complaint regarding services please follow these steps:

1. If you have contact information for the person you have been working with, please contact them directly to learn more about your denial or express your service complaint. If you do not have a direct program contact, you may call 715-265-4271 or email westcap@wcap.org with the information to be forwarded to the program director.

2. If program leadership is unable to satisfactorily explain the denial or address your complaint, you may submit (within 30 days after complaint or denial of services) a written grievance letter to West CAP’s Associate Director. You may mail or email the grievance to:

Robyn Thibado, Associate Director
West CAP
525 2nd Street
PO Box 308
Glenwood City, WI 54013
email: rthibado@wcap.org

Please include the following helpful information: program complaint and/or reason for denial, date of occurrence, and employee assisting with services.

I have received a copy of this procedure and related program policies and procedures.

_________________________________________  ______________
Participant Signature                        Date
APPENDIX D

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of West Central WI Community Action Agency, Inc (West CAP) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

EMPLOYMENT

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non use of lawful products off the employers premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

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

SERVICE DELIVERY

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

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed
(Mr./Ms.) Jessica Rudiger as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

SIGNATURE - Executive Director or Chief Executive Officer

Date Signed

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

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
APPENDIX F
SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form please contact:

Name - Equal Opportunity Coordinator
Jessica Rudiger

<table>
<thead>
<tr>
<th>Phone (Voice)</th>
<th>Phone (TDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(715) 265-4271</td>
<td>(715) 265-4271</td>
</tr>
</tbody>
</table>

Name of Complainant

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

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

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

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

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

Description of the Relief or Satisfaction you Want:

SIGNATURE - Complainant or Complainant Representative

Date Signed

Children and Families
DCF-F-156-E

Health Services
F-00166

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

Co-authored by: Departments of Children and Families, Health Services; and Workforce Development
The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

### INFORMAL COMPLAINT FORM

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Received By</th>
<th>Title</th>
</tr>
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<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

Children and Families  
DCF-F-156-E

Health Services  
P-00166

Workforce Development  
DETS-16707-E
If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non use of lawful products off the employers or service providers premises during non-working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

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

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

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

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator at ( ) - or TDD ( ) - .

Send the completed form back to your provider’s Equal Opportunity Coordinator. His or her name should be on this form.

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

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>STATE AGENCY</th>
</tr>
</thead>
</table>
| Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance), | Wisconsin Department of Children and Families  
201 E. Washington Ave, Second Floor  
P.O. Box 8916  
Madison, WI 53708-8916  
Voice: (608) 266-5335  
TTY: 1-800-864-4585 |
| Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services | Wisconsin Department of Health Services  
Office of Civil Rights Compliance  
1 W. Wilson, Room 581  
P.O. Box 7850  
Madison, WI 53707  
Voice: (608) 266-9372  
TTY: 1-888-701-1251 |
| Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development. | Wisconsin Department of Workforce Development  
ATTN: Equal Opportunity Officer  
201 E. Washington Ave, Room G100  
P.O. Box 7972  
Madison, WI 53707-7972  
Voice: (608) 266-6889  
TDD: 866-275-1165 |
| Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors. | Equal Rights Office  
P.O. Box 8928  
Madison, WI 53708  
Telephone: (608) 266-6860  
TDD-Hearing Impaired: (608) 264-8752  
Equal Rights Office  
819 North Sixth Street, Room 255  
Milwaukee, WI 53203  
Telephone: (414) 227-4384  
TDD: (414) 227-4081  
U.S. Equal Employment Opportunity Commission  
310 W. Wisconsin Ave., Suite 800  
Milwaukee, WI 53203  
The Office of Federal Contract Compliance  
U.S. Department of Labor  
230 South Dearborn Street  
Chicago, IL 60603  
Telephone: 312-353-2158, TDD: 312-353-2158 |
You also have the right to file a formal complaint with a federal agency listed below.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>FEDERAL AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Discrimination Complaint for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level) FoodShare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) Program.</td>
<td>USDA Director, Office of Civil Rights 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY) Food and Consumer Services Civil Rights Program U.S. Department of Agriculture 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457 (Voice)</td>
</tr>
</tbody>
</table>