

NON-DISCRIMINATION GUIDELINES

- Non-discrimination statement (shown below) on all materials regarding the program that are produced for public information, public education, or public distribution:

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.”

- On small materials place: **“This institution is an equal opportunity provider”**
- Display **“And Justice for All”** poster. You may receive a copy from the Montgomery Area Food Bank or print from the USDA Website at: <http://www.fns.usda.gov/cr/justice-translations/475C.pdf>
- Follow guidelines for fair treatment to all by:
 - ✓ Treating everyone with respect and dignity
 - ✓ Provide timely services
 - ✓ Approach difficult/tense situations with self-regulation

- ✓ Avoid casual comments involving race, color, national origin, sex, age or disability
 - ✓ Provide complete explanations (especially if adverse action is anticipated)
 - ✓ Adopt & enforcing customer service as a corporate value
 - ✓ Rewarding or otherwise acknowledging instances of great customer service
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- If you must file a complaint use **Civil Rights Complaint Procedure form.** (copy enclosed in this book)

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ALABAMA CIVIL RIGHTS INFORMATION -- ANNUAL UPDATE

Information on FNS Instruction 113-1, Civil Rights Compliance and Requirements - Nutrition Program and Activities, which applies to programs administered by the Alabama State Department of Education - Food Distribution Programs. Designated contact person at USDA SERO for Civil Rights complaints is Sherry Daigre, Sherry.Daigre@fns.usda.gov, (404) 562-0532.

Please have this information and maintain in a readily accessible place so you can refer to it as needed.

1. The Food Distribution Program staff is required to provide training to our Recipient Agencies and state staff concerning Civil Rights laws, regulations, etc. annually.
2. State Agency, Recipient Agencies, sites, sub-distributors, etc. serving the public, must prominently display the "And Justice for All" poster in a conspicuous location and include the Civil Rights statement on all written materials, posters, web sites, applications for benefits, provided to the public.

In accordance with Federal law and U.S. Department of Agriculture policy, institutions are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider.

3. Only complaints alleging discrimination based on one of the protected classes (race, color, origin, sex, age, or disability) is considered a CR complaint.
4. Handling of CR complaints: Complaints may be filed verbally or in writing. If verbally, person taking the complaint should obtain and write down all pertinent/necessary information provided by the complainant. Complaint must be forwarded to USDA SERO, Office of Civil Rights, within 3 days, as required. Attached is a copy of the sample complaint form provided to the RAs, which may be used for this purpose or as a guide for obtaining the necessary information.
5. Religion is not considered a protected class for the Food Distribution Program or TEFAP. Complaints alleging discrimination based on religion, requiring attendance or participation in religious service, reading religious books, asking client's religious affiliation, etc., must be treated as "program" complaints.
6. Anyone in the Food Distribution office receiving a complaint alleging discrimination of any kind: Write down all the information and send immediately, via a-mail, to the Administrator of the Food Distribution Program with a copy to Mr. Perry W. Fulton, Child Nutrition Program Director.
7. Comprehensive Review: The review and review form must help determine:
 - a. Whether potentially eligible persons and households have an equal opportunity to participate in the program.
 - b. Whether offices are displaying the USDA "And Justice for All" poster in a conspicuous location.

- c. If nondiscrimination statement is included on all printed materials, i.e., application, pamphlets, forms, web site, etc., and if graphic materials reflect inclusiveness based on race, color, national origin, age, sex, and disability.
- d. Whether program information is being made available to potentially eligible persons, program applicants, and participants; and to other organizations that may assist local agency in reaching potentially eligible populations.
- e. Whether CR complaints are being handled in accordance with established policy and procedures.
- f. Whether the RA is conducting annual CR training for its staff, sites and sub-distributors.

CIVIL RIGHTS COMPLAINT FORM

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action.

Complaints should be forwarded within 3 days after the filing of the complaint to:	Civil Rights Office U.S. Department of Agriculture, Southeast Regional Office 61 Forsyth Street, S.W., Room 8T36 Atlanta, GA 30303-315
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1. Person filing complaint:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: Home () _____ Work: () _____
2. Person(s) discriminated against, if different from above:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: Home: () _____ Work: () _____
3. Agency and department or program that discriminated:
Agency Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Individual's name, if known: _____
4. Discrimination based on:
_____ Race _____ Color _____ National Origin
_____ Sex _____ Age _____ Disability
5. Nature of complaint: Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against.

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1. Person filing complaint:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home () _____ Work: () _____

2. Person(s) discriminated against, if different from above:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home: () _____ Work: () _____

3. Agency and department or program that discriminated:

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Individual's name, if known: _____

4. Discrimination based on:

_____ Race _____ Color _____ National Origin

_____ Sex _____ Age _____ Disability

5. Nature of complaint: Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against.
