

SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

If you need help completing this form please contact:

| | | |
|--|-------------------------------|--------------------|
| Name - Equal Opportunity Coordinator Heidi Chavez | Phone (Voice) 715-362-5695 | Phone (TDD) - - |
| Name of Complainant | Phone - - | |
| Address (number, street, city, state, zip code) | | |

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe is was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Name of the Agency/Organization/Entity against whom the complaint is filed.

Name of the Federal program you were discriminated in by the agency/organization (e.g., BadgerCare, FoodShare, Child Protective Services, etc.)

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 remedy you want:

| | |
|--|--------------------------|
| SIGNATURE - Complainant or Complainant Representative | Date Signed (mm/dd/yyyy) |
|--|--------------------------|

The information below is to be completed by the person at the entity who receives your complaint and investigates it.

| Date Received | Received By | Title |
|---------------|-------------|-------|
|---------------|-------------|-------|

Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

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

SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION

File formal discrimination complaints about these services with the state agency listed below.

| PROGRAM | STATE AGENCY |
|---|---|
| Wisconsin (WI) Works (W-2), , Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, 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, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance) | WI Department of Children and Families 201 W. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 TTY: 800-864-4585 |
| Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services. | WI Department of Health Services Civil Rights Compliance Office 1 W. Wilson, Room 651 P.O. Box 7850 Madison, WI 53707-7850 608-266-1258 (Voice); 608-267-1434 (Fax) 711 or 1-800-947-3529 (TTY) Email: DHSCRC@dhs.wisconsin.gov |

You also have the right to file a formal complaint with a Federal agency listed below.

| PROGRAM | FEDERAL AGENCY |
|------------------------------|---|
| HHS program or activity | Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf (On-line complaint portal) |
| UDSA-FNS program or activity | U.S. Department of Agriculture, Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (866) 632-9992 800-877-8339 (Federal Relay Services) 866-377-8642 (Relay voice users) 800-845-6136 (Spanish) Cr-info@ascr.usda.gov |