

## APPENDIX D

### EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of Community Care, Inc. (Organization Name) 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<sup>1</sup>

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 nonuse 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.

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, sexual identity, sexual orientation, 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. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. 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.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Ms. Sherrice Gilcreast Phone (414) 231-4000 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

10-25-16

<sup>1</sup> 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."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

## APPENDIX E EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

### U.S. DEPARTMENT OF AGRICULTURE – FOOD NUTRITION SERVICES U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC NOTICE POSTING – LOBBIES & WAITING ROOMS

The Community Care, Inc.

is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 414-231-4000 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or - - (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, and in some cases, religion and political beliefs.

The U.S. Department of Health and Human Services (HSS) and Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery.

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or click on the State information /Hotline Number. Click on the link for a listing of the Wisconsin Income Maintenance (IM) Consortia's Call Center number for your area or county and/or local tribal contact numbers: Wisconsin IM Consortia.

If you wish to file a Civil Rights Program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call 866-632-9992, to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at:

U.S. Department of Agriculture  
Director, Office of Adjudication  
1400 Independence Avenue, S.W.  
Washington D.C. 20250-9410  
202-690-7442 (fax) or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509-F, HHH Building  
Washington, D.C. 20201  
Toll free 800-368-1019 or 800-537-7697 (TDD)



Complaints can also be directed to:

HHS Office for Civil Rights-Region V

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Toll free 800-368-1019, 315-353-5693 (TDD), or 312-886-1807 (Fax)

DHS, USDA and HHS are equal opportunity service providers and employers.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write to:

Department of Health Services

Civil Rights Compliance

Attn: Attorney Pamela McGillivray

1 West Wilson Street, 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](mailto:DHSCRC@dhs.wisconsin.gov)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Ms. Sherrice Gilcreast Phone: 414-231-4000 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about the discrimination complaint resolution process is available to you upon request.

**SIGNATURE** – Executive Director or Chief Executive Officer

**Date Signed**

10-25-16



## APPENDIX F EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY STATEMENT

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH SERVICES FUNDED PROGRAMS

### HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS

**Community Care, Inc.** is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 414-231-4000 (Voice); or if you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711 or (TTY/TDD).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, gender identity, sexual orientation or religion. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain HHS federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's beliefs or moral convictions. These prohibitions apply to employment and service delivery.

If you feel that someone or this institution has discriminated against you based on a protected basis, you may file an informal discrimination complaint with **Community Care, Inc.**, Equal Opportunity Coordinator.

To assist us in complying with all applicable equal opportunity rules, regulations, and guidelines, we have appointed Ms. Sherrice Gilcreast, (telephone: 414-231-4000) as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her.

You may also file a formal discrimination complaint with the Department of Health Services (DHS). Any consumer that receives services and benefits funded by the HHS or USDA may file a civil rights complaint by contacting Wisconsin DHS, Office of Affirmative Action and Civil Rights Compliance (AA/CRC). To file a complaint, write:

Department of Health Services  
Civil Rights Compliance  
Attn: Attorney Pamela McGillivray  
1 West Wilson Street, Room 651  
P.O. Box 7850  
Madison, WI 53707-7850  
608-266-1258 (Voice), 608-267-1434  
711 or 1-800-947-3529 (TTY)  
Email: [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov)

Anyone can file written complaints with the Office of Civil Rights. It is recommended that you use the Civil Rights Discrimination Complaint Form Package. You can also request a copy of this form from an OCR regional office. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

OR

To file a complaint of discrimination regarding any program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write:

HHS Director, Office of Civil Rights  
200 Independence Avenue, S.W.,  
Room 509-F, HHH Building  
Washington, D.C. 20301 or  
Toll Free 800-368-1019 or 800-537-7697 (TDD)



Complaints can also be directed to:  
HHS Office for Civil Rights-Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Toll Free 800-368-1019  
800-537-7697 (TDD)  
312-886-1807 (Fax)

**Federal Health Care Provider Conscience Protection Laws complaints must be filed at the Federal level with the HHS Office for Civil Rights (OCR).**

We recommend that you use the Civil Rights Discrimination Complaint Form Package, which can be found on the federal website at <http://www.hhs.gov/ocr/civilrights/complaints/discrimhowtofile.pdf>. However, you also may file a complaint by mail, fax or email. If you need help filing a complaint, please email HHS OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

For further information, contact:  
Director, Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW - Room 506-F  
Washington, D.C. 20201  
Toll Free 1-800-368-1019, 1-800-537-7697 (TDD)  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
Website: <http://www.hhs.gov/ocr>

**Community Care, Inc.**, DHS, and HHS are equal opportunity service providers and employers.

## APPENDIX H LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The Community Care, Inc.

is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of Community Care, Inc.

to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed

(Mr./Ms.) Nancy Melnick Phone (414)231-4000

as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.

A handwritten signature in black ink, appearing to be "Nancy Melnick".

**SIGNATURE** - Executive Director or Chief Executive Officer

10-25-16

**Date Signed**





## SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

Children and Families  
DCF-F-156-E

Health Services  
F-00166

Workforce Development  
DETS-16707-E (R. 07/2016)

### If you need help completing this form please contact:

Name - Equal Opportunity Coordinator Sherrice Gilcreast	Phone (Voice) (414) 231-4000	Phone (TDD) (711) -
Name of Complainant	Phone ( ) -	

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, marital status, familial or parental status, race, sex, gender identity, sexual orientation, genetic testing, or all or part of an individual's income is derived from any public assistance program, retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity conducted or funded with federal assistance.

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. The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. These protections apply to employment and service delivery; however, not all prohibited bases will apply to all programs and/or employment activities.

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** - 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
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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?



## HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

### Instructions for Completing 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, military participation, or use or non use of lawful products off the employer's or service provider's 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. Your 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. Complaints alleging discrimination on the basis of age in programs funded by U.S. Department of Agriculture, Food, and Nutrition Services (USDA-FNS) must be filed directly with the USDA Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. This complaint will be forwarded to the appropriate FNS Regional OCR within five (5) working days after receipt. 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 what they saw, heard, or experienced. Complaints filed under the Federal Health Care Provider Conscience Protection Laws must be filed directly with HHS Office of Civil Rights.

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 ~~414-231-4000~~ or TDD ~~711~~.

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 the state agency listed below.

PROGRAM	STATE AGENCY
Wisconsin (WI) 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 WI 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)	<b>WI Department of Children and Families</b> 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 608-266-5335 (voice) 800-864-4585 (TTY)
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 WI Department of Health Services	<b>WI Department of Health Services</b> Civil Rights Compliance Attn: Attorney Pamela McGillivray 1 West Wilson Street, 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: <a href="mailto:DHSCRC@dhs.wisconsin.gov">DHSCRC@dhs.wisconsin.gov</a>
Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.	<b>WI Department of Workforce Development</b> ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 608-266-6889 (voice); 866-275-1165 (TDD)
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and/or DWD funded entities and their subcontractors.	<b>Equal Rights Office</b> P.O. Box 8928 Madison, WI 53708 608-266-6860 (voice) : 608-264-8752 (TDD)  <b>Equal Rights Office</b> 819 North Sixth Street, Room 255 Milwaukee, WI 53203 414-227-4384 (voice); 414-227-4081 (TDD)  <b>U.S. Equal Employment Opportunity Commission</b> Reuss Federal Plaza 310 West Wisconsin Ave., Suite 800 Milwaukee, WI 53203-2292 800-669-4000 (voice) 414-297-4133 (fax); 800-669-6820 (TTY)  <b>Milwaukee District Office</b> U.S. Department of Labor, OFCCP Federal Building 310 West Wisconsin Avenue, Suite 1115 Milwaukee, WI 53203 414-297-3821 (voice); 414-297-4038 (fax)

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

PROGRAM	FEDERAL AGENCY
<p>Formal Discrimination Complaints about any of the above services administered by the Wisconsin Department of Health Services.</p> <p>Formal Discrimination Complaints filed based on the Federal Health Care Providers Conscience Protection Law.</p>	<p><b>Office for Civil Rights</b>  <b>U.S. Department of Health and Human Services</b>  200 Independence Avenue, SW  Room 509F, HHH Building  Washington, D.C. 20201  800-368-1019 (voice, toll free)  800-537-7697 (TDD toll free)</p> <p><b>U.S. Dept. of Health and Human Services</b>  <b>Office for Civil Rights – Region V</b>  233 N. Michigan Ave., Suite 240  Chicago, IL 60601  800-368-1019 (voice, toll free)  312-886-1807 (fax)  800-537-7697 (TDD, toll free)</p>
<p>Formal Discrimination Complaints about any program receiving federal assistance.</p>	<p><b>Coordination and Review Section - NWB</b>  <b>Civil Rights Division</b>  <b>U.S. Department of Justice</b>  950 Pennsylvania Avenue, NW  Washington, D.C. 20530</p> <p>888-848-5306 - English and Spanish (ingles y español)  202-307-2222 (voice)  202-307-2678 (TDD)</p> <p><b>Title VI Hotline:</b>  1-888-TITLE-06 (1-888-848-5306) (Voice / TDD)</p> <p><b>Disability Complaints:</b>  <b>U.S. Department of Justice</b>  <b>Civil Rights Division</b>  950 Pennsylvania Avenue, NW  Disability Rights Section - NYAV  Washington, DC 20530</p> <p>800-514-0301 (voice)  800-514-0383 (TTY) (also in Spanish)</p>
<p>If you wish to file a Civil Rights Program of Discrimination with the USDA 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 <b>complete the USDA Program Discrimination Complaint</b> found online at:  <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, or at any USDA office, or call 866-623-9992 to request a form.</p>	<p>USDA Director, Office of Adjudication  1400 Independence Avenue, SW  Washington, D.C. 20250-9410  866-632-9992 (request a form)  Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>  800-877-8339 (Federal Relay Services)  800-845-6136 (Spanish)</p>



## COMPLAINT CONSENT / RELEASE

Children and Families  
DCF-F-157

Health Services  
F-00167

Workforce Development  
DETS-16708-E

Complainant's Name			Date (mm/dd/yyyy)	
Address		City	State	Zip Code
Telephone Number	Cell Phone Number	Email Address		
Program(s) for which this Consent/Release form applies				

Please read the information below, initial the appropriate space, sign and date this form.

I have read the Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation, it may become necessary for DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DCF, DHS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DCF, DHS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that, as a complainant, I am protected by federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the federal government.

### CONSENT / RELEASE

**CONSENT GRANTED** - I have read and understand the above information and authorize DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation and to other federal agencies that provide federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DCF, DHS or DWD to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and/or medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent: \_\_\_\_\_(Initials).

**CONSENT DENIED** - I have read and understand the information and do not want DCF, DHS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on this line if you do not give consent: \_\_\_\_\_(Initials).

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